1

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

6702

Reg. Dist. No. 336

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEA	SED
COUNTY Wicomico	MARYLAND	STATE Maryla	nd county Wi	aomiao
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpore	te limits, write RURAL end give	nearest town)
Town Delmar	(in this place)	OR TOWN TO 1		
HOSPITAL OR	38 yrs	STREET Delm	(If rural give focat	inal
INSTITUTION OR	han a a de	ADDRESS		
IIO Dab O D		110	East Stree	
3. NAME OF (First) DECEABED	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) Chester Was	shington 1	Baker	DEATH Jun	e 16,1956
5. SEX 6. COLOR OR 7. SINGLE, /	MARRIED, 8. DATE	OF BIRTH 9,		NDER 1 YEAR   IF UNDER 24 HRS.
Male White Mar	ried June	27,1885	70 yrs. Moni	Ihs Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work   10t	. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
	actory	Chambar D. 7		COUNTRY?
13. FATHER'S NAME		Gumboro, Del	A AAC	USA
		Mary Jane		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no. or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yas, no or unk.) (If Yes, give wer or deles of service)	219-05-9264	Iona Bak	er, Delmar,	Md .
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE			INTERVAL BETWEEN
1 DISEASES ON CONDITIONS DIRECTLY CEADING TO DI	At town	10	0 - 1	ONSET AND DEATH
IMMEDIATE CAUSE (A)	CONTRACT	y Horom	D-3 /	1 him.
ANTECEDENT CAUSE(S) DUE TO	4		0	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	coronary	aryens	2 class	*
STATING UNDERLYING CAUSE LAST, DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.	INGS OF OPERATION			
TO. MAJOR PIND	INGS OF OPERATION			20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY #	(Home, ferm, factory,	21c. WHERE DID INJURY OCCUR?	(City or town)	County (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY #	treet, office bldg., etc.)		,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e, INJURY OCCURRED	211. HOW DID INJURY OCCUR?		
M.	While Not while at work	1		
22 I have been made that I amended the	J	in 54 the	ellowith.	
22. I hereby certify that I attended the		m - 6 - /		at I last saw the deceased
alive on 19 0	and that death occurred a		uses and on the date s ESS (Street, city, town, state	
The state of the s	-	No Cabori	SS (Strael, City, town, stere	DATE SIGNED
22 818141 (57844700)	M.D.	10 00100	and with	7. 27/0-11
23. BURIAL CHEMATION DATE THEREOF	NAME OF CEMETERY OF	CinfATIONY	LOCATION (City, town, or co	ounty) (State)
Burial 6-18	06 Byrd		Mears. Va.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25) FUNERAL DIRECTOR'S SI		ADDRESS
DATE 6-19-56 Harry C.	Audabel	1/2 /1/an	21/10/1/1	1000 - 10.6
	1 200000	111111111111111111111111111111111111111	TO VV	WITH KELL

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CERTIFICATE OF DEATH

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CONTRACTOR STATES AND ADDRESS OF THE PARTY O

ppy may be retained by the hospital or attending physician.

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registrar within 72 hours after death. After by the funeral director, the third copy of

after death.

24 hours

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# CERTIFICATE OF DEATH

F D	0.10	Reg. Dist.	No
華	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
# ±	WOUNTY 151 CO MARYLAND	STATEMARY LAKED COUNTY WICH	MICO
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dire	HOSPITAL OR PRINCE STANDE	MANAGE OF CAROL	-5
within funeral	STREET ADDRESS CON VALESCENT HOME	STREET ADDRESS BRIPGE ST	1
strar w	ORCEASED WILLIAM MASHINGTON	BENNETT 4. DATE (MONTH) OF DEATH JUNGS	(Doy) (Yaar) 4 (95%)
he magi	MALE WHITE Specify ARRIED, 8. DATE OF SPECIFIC Specify ARRIED, ULLY	21-1874 81 yrs. Months	Days Hours Min.
ed with ty filled permit.	done during most of working life, evan if OR INDUSTRY	11. BIRTHPLACE (State or foraign country)  DOPLAKS TRACE VIENTAGE. 12.	COULTRY?
ste be filed completely I fransit per	WILLIAM H. BENNETT	I 14. MOTHER'S MAIDEN NAME	Y
0 0	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or dates of service)	REBECCA BRADILYE 17. INFORMANT & ADDRESS MAPLE SHAPEDA VIAL BSC. 15.	Drick
and and buri	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
ician as	1190× IMMEDIATE CAUSE (A)	PNBUNIONIA	57857
phys use	ANTECEDENT CAUSE(S) DUE TO CEREBRAL DISEASES OR CONDITIONS, IF ANY, (B)	AFEMORPHOGE	74185
that the	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	MYOCARDITIS	
requires the he attendi	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
V 5 - 3	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The uted shoul	OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., etc.)	Te, WHERE DID INJURY OCCUR? (City or Iown) (Count	y) (State)
RECTOR: sen exect assembly	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white at work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from JUNE.	4 19 6 to JUNE 14, 19 6 that I	
has has	signature 3	ADDRESS (Street, city, town, state)	DATE BIGNED
certificate death cert	23. BURIAL, CREMATION, ONTE THEREOF) NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY DOCATION (City Jown, or county)	(State)
2 48	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS
8	DATE ILLING 10AG Many N 3/2/lename	Hallowsky Ca Salich	. D. Mel

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## CERTIFICATE OF DEATH

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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6646 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Wicomico Maryland Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Deal Island months Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Deer's Head State Hospital YES MO F NAME OF Middle 4. DATE Manth Day DECEASED OF 1956 Willie June Benton (Type or print) Anna 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Female Manths White Days WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housework Deal Island, Md. USA lousewife 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital Records Unk. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral thrombosis IMMEDIATE CAUSE (OL **DUE TO** Arteriosclerosis, general Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(x) 19. WAS AUTOPS. PERFORMED? -Diabetes mellitus YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. [City or town] Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, office bldg., etc.1 While at wark at work June 25 21. I certify that I attended the deceased from that I last saw the deceased \_\_\_\_, and that death occurred at 9:10A M, from the causes and an the date stated above. June ADDRESS (Street, city or town, state) ACTUAL Deer's Head State Hospital SIGNATURE Salisbury, Maryland PHYSICIAN'S Maldve. NAME (Type) 229 BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24a, REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•	6651 CERTIFICATE OF DEATH  Reg. Dist. No. 33900
in the state of th	1. PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased Lived I If institution in Residence before admission)
died W	MARYLAND O. STATE O. STATE
be fill	b CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
a P	RURAL and give nearest town)
	d NAME OF HOSPITAL (Ing.) in hospital, give street address)  d. STREET ADDRESS  e. IS. RESIDENCE OR INSTITUTION ON A FARMA
	POR INSTITUTION A PARMY YES IN NO IT
e ou o	3. NAME OF First Middle Last 4. DATE Month Day Year
Pall ed	DECEASED (Type or print)  CANNON DEATH TILE 1950
Poges	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
2	Emale Colored WIDOWED   DIVORCED   June 19-195 Ves. Months Days Hours Min
cample papers. rath.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
and cam bon pap er death.	maruland 21.5A
arbo ar	13. FATHER'S NAME
physician mave car haurs aff	maryerle CANNON
ing physician of remove carb	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    I'es, no, or wokingwell   (If yes, give wor or dates of service)
edse re hin 72	many selle cannon-Invitan
lend ithiu	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]
T T T T T T T T T T T T T T T T T T T	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PARMACULATLY
を言う	DUE TO
g air d	Conditions, if ony, which to gove rise to immediate
eg -	cose (a), stating the <u>under-</u> DUE TO
onsit on one	1ying couse lost.   (c)
hysin	PERFORMED?
ourio ema	YES NO IN THE 20th ACCIDENT WAS UNDERLYING 20th DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of item 18.]
icote he to ar r	20a ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH UTF THIRE, NOTIFY MEDICAL EXAMINER;
an, and	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
use district	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour e. m.  While Not while of work o
For the creation of the creati	10 0
Aft Aft Shed rial,	21. I certify that I attended the deceased from SUNALIZ-, 1956, to SUNALIZE better I last saw the deceased alive on 17 4 and 1956, and that death accurred at 3,5 km, from the causes and an the date stated above
de O de O	ADDRESS (Street, city or town, stote)  DATE SIGNET
ar b	SIGNATURE MOTHER C. Lambelin MO. 707 Camden, Salisbury Md. 6-20-5
Pr	
sho	NAME (Type)
regi	220 BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Signe)
may Page The re	( enalos of TV 3 le l'enneula Tineral Hospital Saludury mo
j <del>ii</del>	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAPS/SIGNATURE
VII A15 (4) 15M 9/SS	Tenensula General Hespelle, Salistary My DATE 6-2636 Mayor Helinas

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	637
		6652 CERTIFICATE OF DEATH Reg. Dist. No.	332
Page 4	1.	PLACE OF DEATH  COUNTY  WICOMICO  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before or or STATE  Deliberty  Suissidence before or or or other properties of the county of the coun	- X.a. V
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  M. 118 bore	
The Charles	1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS e. IS	RESIDENCE ON A FARM?
illed in	3.	NAME OF First Middle Lost 4. DATE Month Day OF OFFICE OF DEATH JUNE 27	Year 1956
d within letely fi	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF U	
nd cam	10	Outsual Occupation (Give kind of work done done of the state of the st	HAT COUNTRY?
cian on carbo	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Kenney Martha Calloway	
ng phys remov 72 hour	15 (Ye	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No View no. or unknown) 19. None Clarence Clouser Millsboro. Del.	
that the death by the attends t. Then pleas y event within		PART I. DEATH WAS CAUSED BY:  1 MMEDIATE CAUSE (0)  DUE TO  ONSET A  STATEMENT OF THE STATE	AND DEATH
equires In.		Conditions, if any, which gove rise to immediate costse (o), stoting the underly lying couse lost.  (b)  DUE TO	1 singe
physicic physicic nas been ial-tron noval, a	CATION		AS AUTOPSY ERFORMED?
IAN: Trending tricate but the but	L CERTIFI		
PHYSIC ol or of old or of this cert this cert r use os emotions	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED   20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunly)	(State)
R ATTENDING of by the haspin ECTOR: After the defacted far iar ta burial, cr		21. I certify that I attended the deceased from 6/20/, 1952c, to 6/27/, 1952 that I last saw to alive on 6/27/, 1952 and that death accurred at 10 87/M, from the causes and an the date s  ADDRESS (Street, city or town, state)  SIGNATURE  M.D. Mud Contry Salution  21. I certify that I attended the deceased from 6/20/, 1952c, to 6/27/, 1952 that I last saw to alive on 6/27/, 1952 that I last saw to alive	
reforme RAI shok:		PHYSICIAN'S NAME (Type)	
moy be FUNE	22	Buriar 6/30/56 Mt. Olivet Cemetery Delmar, Del.	(State)
VS A15 (4) 1SM 9/SS	23	Joseph January Millsboro, Del. Date 7-2-56 Mary W. Hollsboro	may

DECENTALE &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6653 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) s. COUNTY Wi comi co b. COUNTY MARYLAND Worcester 376 buriol, b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury hr. Selbyville D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Peninsula General Hospital RFD YES TI NO T Middle 4. DATE Menth Year DECEASED (Type or print) Anna Maa DEATH Custis 19 56 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE I'm years IFUNDER TYPAR IF UNDER 24 HRS. lost birthday) WIDOWED [7] DIVORCED [ Dec 29 YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Whaleysville. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warner Custis Martha Smith Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None None Martha Custis, Selbyville. Del. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Crushed skull Sudden IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO F 200. EXTERMAL CAUSE WAS PRIMARY Ellor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) Child playing under car that backed over it. Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) Nat while 5 ol work at work Yard of home. Selbyville RECTOR: Poge 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [x]. Inquiry 7, and find that death resulted from: Natural causes ..... Accident v. Suicide | Homicide , Undetermined cause DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** O FUNER, NAME (Type) Earl DEPUTY MEDICAL EXAMINER TO L. Rover 220. RURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR

VS. A15ME(S) 5M 9/55

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1-1-20
1-30	6654 CERTIFICATE OF DEATH Reg. Dist, N	10. 332
director	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE A 2 a 1 4 0 1 5 b. COUNTY	
0000	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give record of give nearest town)  CITY OR TOWN (If outside corporate limits, write RURAL and give record of give nearest town)	
e fun should	SALISBURY  NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2 2 2	NINSULA (JENERAL HOSPITAL K#3 130x 301	YES NO
illed ii	AME OF ECEASED Lost 4. DATE Month OF USE OF Print)	Doy Year 23 1956
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cion and control of the person	OUIS SANGERS DUFFY STIRLEY ELSIE DENNIS	191/11
g physician reprove co	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  [If yes, give wor or date of lervice)	
he attending then please a rent within 77	18. CAUSE OF DEATH [Enfer only one couse per lipe for (o), (b) and (a)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	NTERVAL BETWEEN NSET AND DEATH
signed by lit permit. It permit. Id in any ev	Conditions, if any, which gove rise to immediate costs (a), storing the under-lying cause tost.  (b)  DUE TO	
physicia as been ial-trans	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
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his certification of the certi	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour e. m. 29 work of work of work 19 of	(Stote)
gd by the haspite RETOR: After II.	21. I certify that I attended the deceased from 19, to 19, to 19, that I lost olive on 19, ond that death occurred of 2: 15/4M, from the causes and on the deceased Macros (Sireel, city or town; state)	
RAI Shou	NAME (Type)	
page 3	BUR AL, CREMATION, 22b. DATE THEREOF REMOVAL-(Specify). 22c. NAME OF CEMETERY OR CREMATORY 22d. EOCATION (City, Town or county)	(Stole)
VS A15 (4) 15M 9/SS	MINDRILA GENERAL TABLET & SIGNATURE ADDRESS 240. REC'D'BY REGISTRAR 240. REGISTRAR'S SIGNAT MANUAL MANUAL SALISBURY Md. DATE 623-56 Maryll. H	Morray

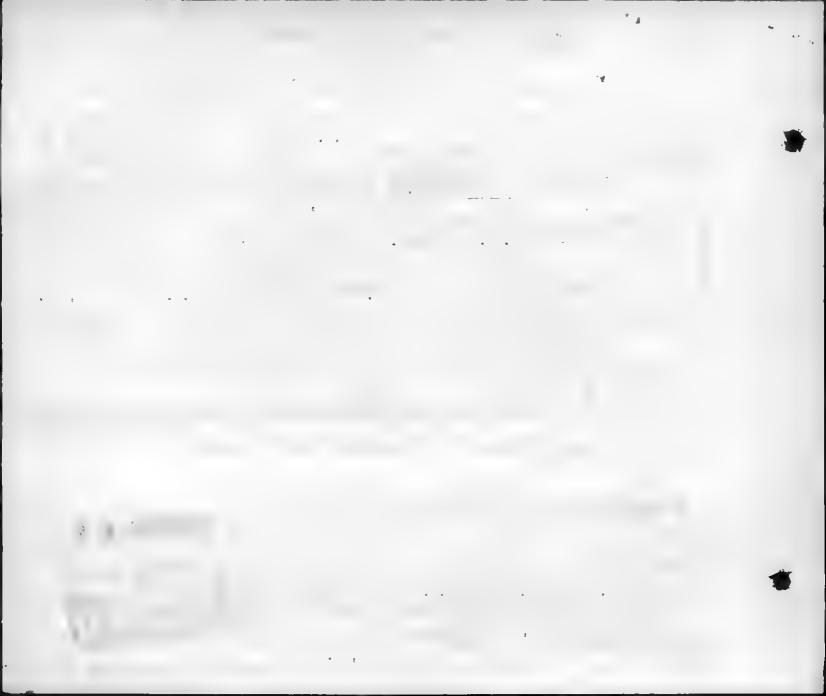
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>	ú	50	O
-			TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File mages 1 and 2 with the registrar prior to by/Tof, crematic

5M 9/55

							NT OF HEALT CERTIFICA			Reg. Di	st. No	332
1.	LACE OF DEATH			<del></del>			2. USUAL RESIDENCE (	Where decea	sed lived. If instituti	on, Reside	nce bef	ore admission)
Ľ	. COUNTY Wic	omico			MARY	AND	e STATE Mary	and	b. COUNTY	Dor	ces	ter
t	ond give negret fown	autside corporate ilmets, write	RUFAL	c, LENGT	H OF STAY I	N lb	c. CITY OR TOWN (I	f outside cor	porote limits, write R	URAL and	give n	eorest lown)
	Sharptow						Finchvi	lle				
		n drawbrid		spital, give s	ires) address	}	d. STREET ADDRESS					•. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	Fin	il .		Middle		Last	4. DATE OF	Month		Day	Year
	Type or print)	Willie	Clif:	ford	F	iel	dmer	DEATH	6-	-16-		19 56
5. 9	EX	6. COLOR OR RACE	7. MARR	ED NEV	ER MARRIED	<b>K</b> ] 8.	DATE OF BIRTH		1 1 1 1 1 1 1			IF UNDER 24 HRS
	M	C	WIDOWE		DIVORCED [		April 3, 195	4	2 yn.	Months I	Days	Hours Min.
100	. USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	ione 10b.	KIND OF BU	SINESS OR I	NDŲSTR	Easton. M	or foreign	country)	12. CITIZ	ZEN OI	WHAT COUNTRY
	None			Non	0		Easton, M	aryla	nd	U.	.S.1	4.
13.	FATHER'S NAME						14. MOTHER'S MAIDEN					
L		ord Fielder					Goldie M	iae Que	ails			
15. (Yes	, no, er prånown)	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16	SOCIAL SEC	CURITY NO		FORMANT	_	Address	7	f -	
	No			None		C.	lifford Fiel	der,	ederalsbu	rg, r	d.,	R.F.D.
	PART I. DEAT	TH [Enter only one county one cou	Day	for (o), (b), owning							ONSE	val serveen Tano beath Sudden
	& Z 4 X Conditions, if or gove rise to immed (a), stating the wall couse lost.	liote couse							t			
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTIN	G TO DEATH	BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIVE	N IN PART		PERFORMED?
	200. EXTERNAL CAU PRIMARY LAOF CON CAUSE OF DEATH.	-					ter noture of injury in Pour			oner	ı dr	nwhri dan
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes	r 20d. Whi	INJURY OC	CURRED 20	e. PLAC	E OF INJURY (Home, formary, street, office bldg., etc.	n. 20f. (Cit	y or lown)	-{Cou	nty)	(Slate)
≥							<u>awbridge</u> ve, held an Autops		erptown			
							ide [], Homicide					and tind tho
	ACTUAL SIGNATURE	End	L	14	12		_M.D. CHIEF MEDICAL E	XAMINER [	]			DATE SIGNED
	EXAMINER'S NAME (Type)	Carl L. Roy	er. N	I. D.	0		ASSISTANT MEDICAL		_	6-18	56	
220		June 19,	F	22c. NAME	of CEMETER ralsbu	RY OR G	Col. Cemeter	22d. 10C/	deralsburg	county)	ryl	(State)
	funeral director	s signature m and Son,	Feder	ralsbu		ryl		D BY REGIS	TRAR 246. REGIST	RAR'S SIG	HATUR	lomay

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

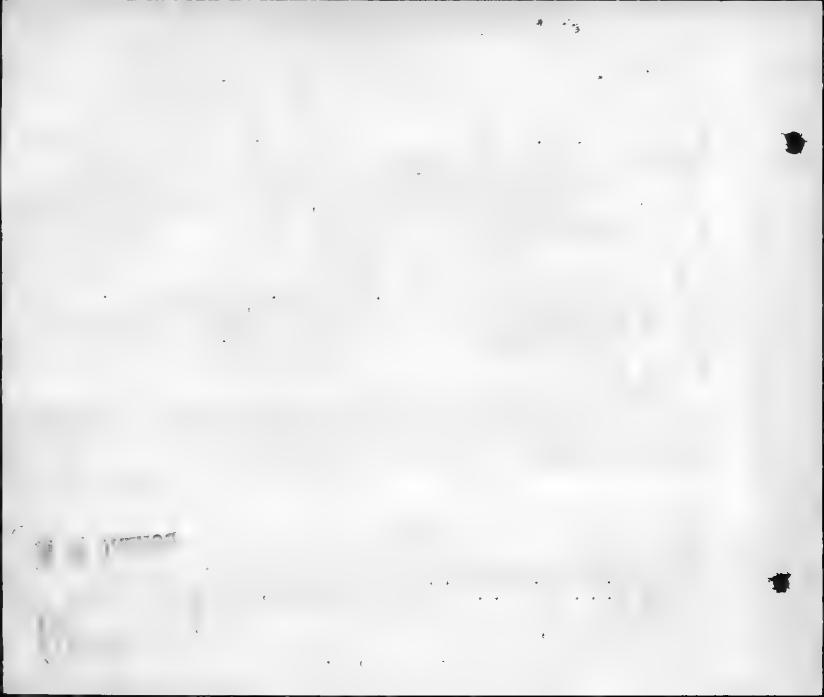


L		6656	CERTIFI	CATE OF DEAT	Н	Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY	Vicomico	MARYLAN	A STATE	- 6 COUNT	tion Residence before admission) Y WICOMICO
	b. CITY OR TOWN RURAL and give r	(If outside corporate limits, wri nearest lown) Saliabury	e. LENGTH OF STAY IN 1	th c. CITY OR TOWN (IF		RURAL and give nearest town)
	d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give str Pen. Gen. Hos		d. STREET ADDRESS 807	S. Division	St e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	SAPAH SAPAH	Middle MARIE	FINK	4. DATE Mo OF DEATH JUNE	Doy Year e 24 th 19 56
	Female	272 Te WIDO	ARRIED NEVER MARRIED DIVORCED	July 6, 189	020	
	ZATAL II	ON (Give kind of work done) rking life, even if retired) LECTION HOUSE	ob. KIND OF BUSINESS OR IN Work at home	NDUSTRY 11. BIRTHPLACE (Slote Orange 1	ver foreign country)	12 CITIZEN OF WHAT COUNTRY USA
	John Fla				NAME rie McDevitt	
	WAS DECEASED EV	ER IN U. S. ARMED FORCES?   If yes, give won or dates of service	16, SOCIAL SECURITY NO		6. Fink (Husband	a" 807 S.Division
Z	Conditions, if a gove rise to couse (o), stoling lying couse lost.	immediate DUE TO (c)	and which are contained to death	BUT NOT RELATED TO THE TERM	INAL DISEASE COMPLIANCE	VEN IN PART I(o) 19 WAS AUTOPSY
CERTIFICATION				JRRED. (Enter nature of injury in		PERFORMED? YES NO
MEDICAL	20c. TIME OF INJU Hour a, r., p. m.	wi	d. INJURY OCCURRED 20e.	e. PLACE OF INJURY (Home, farm foclory, street, office bldg., etc	n, 20f. (City or town)	(County) [Stote]
	actual SIGNATURE		256, and that de	M.o. 211 Mar	M, from the causes   ADDRESS (Street, city or lown,	Lethat I last saw the deceased and on the date stated above state)  DATE SIGNED floor June 35, 195
22		ON, 225. DATE THEREOF	M. D.  22c. NAME OF CEMETER  56 Vicomico	Y OR CREMATORY	22d. LOCATION (City, town. Salisbury. M	
23	HOLLOWAY &		ADDRESS	7 24a, REC	D BY REGISTRAR 246, REG	ISTRAR'S SIGNATURE

may be retained by the hospital or attending physician.

TO FUNEM RECTOR: After this certificate has been signed by the altending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 fours ofter death. TO MOSPITAL OF ATTENDING PEYFICAN; The lam mayires that the death certificate be executed within 2" No VS A15 (4) 15M 9/55

ofter death. Page 4



# may be retained by the haspital or attending physician. TO FUNERAL REMTOR: After this certifical has been signed by the attending physician and mempletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays, carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hoors often death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

VS A15 (4) 15M 9/55

ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6657 **CERTIFICATE OF DEATH** 

Reg. Dist.	1166 No.	サプラン
	1101	

o. county. Wicomico	MARYLAND	2. USUAL RESIDENCE (WAS	b. COUNTY W1	.Comico
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RURAL	
RURAL and give nearest town) Salisbury	9 days	Sharpto	wn	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
	spital	Main		YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Mary	Margaret	Fletcher	OF DEATH June	23 19 56
S SEX 6. COLOR OR RACE 7. MARI	RIED MEVER MARRIED	8. DATE OF BIRTH		DER I YEAR IF UNDER 24 HRS.
Female White WIDOW	ED DIVORCED	July 2,191		ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)   12	CITIZEN OF WHAT COUNTRY?
	Home	Sharptow	m. Md	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		0011
Carl H. Bennett		Clara	Bradley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. I	NFORMANT	Address	
[Yes, no, or unknown] [If yes, give wor or dates of service]	20-26-3511	Elva Fletch	er, Sharptown,	Maryland
18 CAUSE OF DEATH [Enter only one cause per Ju				INTERVAL BETWEEN
PART 1, DEATH WAS CAUSED BY:		Carried	fore IV TradeT	ONSET AND DEATH
IMMEDIATE CAUSE (6)	vicinomal of	Cower o.	Targe 10 on the same	
DUE TO	16 1	0.6+ 6	CAF	
Conditions, if any, which gove rise to immediate (b)	montioner of	up feme	ion change	
catse (a), slating the under DUE TO	not to to	and t	to bladder	
lying couse lost. (c)	TOURNELLE C			
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PERFORMED?
200. ACCIDENT WAS UNDERLYING 206. DES	COIRE HOW INTERV OCCURRE	D 15-1	lest Les Best (Lef See 10.)	YES NO D
OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature or injury in r	orriar Parrii ar mem 18.)	
	les et		Test test	
		ACE OF INJURY (Home, form, clory, street, office bldg., etc.		(County) (State)
₹ p. m. lip at wor	k at work			
21. I certify that I attended the deceas	ed from 4/17	, 1955, to 6	/23 1956,tho	it I last saw the deceased
alive on 6/23 19	56, and that death	accurred at 800 F	M, from the causes and a	in the date stated above.
01.00 - 9	91 0		ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE William .	Womack	MD 706 CAM	IdEN AVE.	
		C 1 .	h	1
PHYSICIAN'S William S. Wo.	mack	DALIS	DURY MARY	4 N C
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or cour	nty) (Stale)
Burial 6-26-56	Fireman		Sharptown, M.	aryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR 240 REGISTRAR	
Charles M Manel	- Sharlow	in 33 DATE	: Mari	H. Follows
				70

CAMERIA

9071 57. N.P.

MEST

	▶ 6558 CERTIFICA	ATE OF DEATH	110044 Reg. Dist. No. 232
eral director be fised with	1. PLACE OF DEATH o. COUNTY  MARYLAND b CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived. If institution on STATE ARULAND b. COUNTY c. CITY OR TOWN (If obside corporate limits, write RU	Wieumieo
the fundamental	RURAL and give nearest town)  SHIS BURY  d. NAME OF ROSPITAL (If ript in haspital, give street address)  OR INSTITUTION  POUR STITUTION	Tyaskin d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
filled i		DEATH JUNE	YES ■ NO □  th Day Year  15 1956.
d completely filler papers. Pages 1	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCED  100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	Mar. 10,1860 96 yrs	Moghs Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
ion and co	during most of working life, even if retired) Farmer  Own Farm  13. FATHER'S NAME	Quantico, Maryland	U.S.
ng physici remave 72 haurs	(Yes, no, or unknown)   (If yes, give war or dates of service)	Unknown INFORMANT Added S. Maude Garrison, Tyas	skin, Maryland
the attendi Then pleas	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	a deinsecus	INTERVAL SETWEEN ONSET AND DEATH CONTRACTOR
n signed by sit permit.	Conditions, if any, which gave rise to immediate covise (a), stating the underlying course lost.  (b)  DUE TO  (c)		
g physici has been urial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  U (IF EITHER NOTIFY MEDICAL EXAMINER)		EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO P
attending entificate as the bu		ED. (Enter noture of injury in Part I or Part II of item 18.)  ACE OF INJURY (Hame, form, 20f. (City or town)	(County) (State)
pital ar for use cremati	Hour a.m. p. m.  19 Of work at work	ctary, street, office bldg., etc.)	
by the has CTOR: Afri detached ta burial,	olive on	a occurred at 3.43PM, from the causes at ADDRESS (Street, city or lown, s	
reda red Reda Red Show d be strar priar	SIGNATURE  PHYSICIAN'S NAME (Type)	M.D. SED SULLY	MGE 676-36
TO FUNES page 3 the regis	220 BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OF COMPANY OF C	Cemetery Tyaskin, As	aryland
VS A15 (4) 15M 9/55 ;	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS Bivalve, 14.8		TRAN'S SIGNATURE MY AV. Hollaway

. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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### 06646 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6660 CERTIFICATE OF DEATH Reg. Dist. No. 332

	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY WICO MARYLAND	STATE YIRGIN IA COUNTY ACCO	14 2 C. K
	CITY III outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give	
	OR and give nearest town)  TOWN SALISBURY  (in this place)	TOWN () A K HALL	
,	HOSPITAL OR HAMD	STREET (If rural give location)	
	STREET ADDRESS A	ADDRESS	*
		(Last)   4. DATE (Month) (Day)	(Year)
	DECEASED: CON ALL	OF	1
	5. SEX: 6. COLOR OR 7 SINGLE, MARRIED. 8. DATE	OF BIRTH 9. AGE last birthday is under ear	19.5 6
	RACE- WIDOWED, DIVORCED.	Months Dava	Hours   Min.
	MALO White (Specify) Widowed Sept.	11. BIRTHPLACE (State or foreign country). 12. CITIZ	EN OF WHAT
1	work done during most of working life. OR INDUSTRY:		NTRY?
Q.	even if, retired): 1 M bC RM NA FLEMING 13805. 13. FATHER'S NAME.	V KYINIA- U.	SO. A.
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME:	
	Geo. W. GLAQQING	VALLY STOCKELY	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES: IN SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS.	1
9	of service)	Yames Gerdains with It	sell, va
	18. MEDICAL CERTIFICAT	(1 / / / / / / / / / / / / / / / / / / /	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONS	ET AND DEATH
	IMMEDIATE CAUSE (A) Wheleve	Lemiterhage 16	calle
	ANTECEDENT CAUSE (S)		
,	DISEASES OR CONDITIONS, IF ANY, (B)		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(c)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	via Wita in a lauria	
	DISEASE OR CONDITION CAUSING DEATH,	nin. Unery servere sex	
e.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY7
		YES	NO [
	21A ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County)	(State)
•	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2   21F. HOW DID INJURY OCCUR?	
	OF INJURY  M. While Not while at work at work	5-1111	
	22. I hereby certify that I attended the deceased from	, 193, , to 6,//, , 1956, that I last saw	the deceased
	alive on 6./ 4, 19 and that death occurred at,	M, from the causes and on the date states	d above.
2	SIGNATURE / ///	ADDRESS /// DATE SIG	NED /
1	all Mediation M	.o. Seletlistleny My. 6/1	4/16
	(	ERY OR CREMATORY LOCATION (City, town, or fount	(State)
	BURIAL ISPECIFY JUNE 19 1156 DOWNI	NAS CAK HALL	KA
	DATE REC'D BY LOCAL REGISTRARY SIGNATURE REGISTRAB	24. FUNERAL DIRECTOR	DRESS



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246 FEGISTRAR'S SIGNATURE

Harry

24s. REC'D BY REGISTRAR

6661 CERTIFICATE OF DEATH Pan Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY 6 COUNTY Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Salishury Salisbury d NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Pen. Gen. Hospital 501 YES NO TO Anne St NAME OF First Middle DATE last Month Day Year DECEASED OF HIDHA WHIPMA GOSWELLEN JUNE (Type or print) 24 th 10 56 5 SEX 6. COLOR OR RACE 7 IF UNDER 1 YEAR IF UNDER 24 HPS MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months Davs Hours Temale White WIDOWED [7] DIVORCED IT June 4-1894 62 YES 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? R. D. #1 Salisbury (Wor. Co. Mal HSA Engloyee (Operator) Shirt Factory 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lawrence Bates McGrath Laura Morria 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If was, give wor or dotes of service) W. Ardie Goswellen (Husband) 501 Anne St. No 18. CAUSE OF DEATH [Enfer only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: duy, DUE TO 4 months Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES NO IX 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour e. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 1956, to June 24, 1956, that I last saw the deceased 21. I certify that I attended the deceased from 1904 and that death occurred at 7:00P M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL amas 224 N. Division St. PHYSICIAN'S NAME (Type) Dr. Thomas C. Salisbury. Maryland 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burio Salisbury, Maryland 1956 Wicomico Memorial Park

**ADDRESS** 

HOLLOWAY & COMPANY FUNDRAL HOLE-SALISBURY, MD.

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23. FUNERAL DIRECTOR'S SIGNATURE

RECTOR: det o

6652 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) it. o. COUNTY b. COUNTY MARYLAND V//COM/CO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest town) MACRANCEVI d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ANPRA YES I NO I 3. NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 195 S. SEX OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours DIVORCED [ WIDOWED | 55 yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) BINTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? eamoun 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) well DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cattse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Doy. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour o. m. While Not while at work ot work p. m. 195 Chat I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 8:30/7M, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) SIGNATURI PHYSICIAN'S NAME (Type) FUNER, 22b. DATE THEREO! 220 BURIAL CREMATION. 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) SEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 266. REGISTRAR'S SIGNATURE **VS A15 (4)** DATE 15M 9/SS

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116645 Reg. Dist. No. 332

1. PLACE OF DEATH 0. COUNTY Wicomico MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RUBAL ond give necreal form) Salisbury	to c. City OR TOWN (if outside corporate limits, write RURAL and give nearest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Pen, Gen. Hospital	d. STREET ADDRESS  506 Truitt St  o. IS RESIDENCE ON A FARM? YES [] NO []
3. NAME OF First Middle OFCEASED (Type or print) FULTON EVERLITE	GRIFFIN 4. DATE Month Doy Year OF DEATH JUNE 13 19 56
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ Male White WIDOWED DIVORCED [	June 8, 1908 48 yrs. Manths Days Haurs Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if relired) Salesman Employee T.L. Ruark & Co	Berlin, Maryland U.S.A
Sewell B. Griffin	Anna Mae Holloway
15. WAS DECEASED EVER IN U, S. ARMED FORCES?  (Yes, no or unknown)  Yes  16. SOCIAL SECURITY NO.  17. Was # 11	Mrs. Flora H. Griffin(Wife) 506 Truitt St Salisbury, Maryland
PART 1. DEATH WAS CAUSED BY:    MAKEDIATE CAUSE (a)   Spontaneous subs	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c)	
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
PRIMARYET OF CONTRIBUTING CAUSE OF DEATH.	D (Enter nature of injury in Part 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. While Not while at work at work at work	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.)
21. 1 certify that I took charge of the remains described a death resulted fram: Natural causes . Accident .	
ACTUAL SIGNATURE EN L Knyw	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S Dr. Earl L. Royer M.D.	DEPUTY MEDICAL EXAMINER M June 15 1956
	OR CREMATORY 22d. LOCATION (City, town, or county) (State)  CHOPTAL Park Salisbury, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY FUNERAL HOME—SALISBU	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	- th

VS. A15ME(5) 5M 9/55

Silver No.

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ease	shou		cremo
6.	4		_`
PUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please eve-	the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to We fulleral dimpyr. Page 4 should be		RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 mid 7 with the registrar prior to burial, crematian
jec	L.	_	5
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la.	0	iner's Office along with form PM3. Page 5 may be retained for your fil	节
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2	the	arder The Chief Medical Examine	13%

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6554MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16650 Reg. Dist. No. 332

a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)  a. STATE  b. COUNTY								
<u>Vii comi co</u>	MARYLAND	Naryland Wicomico								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town)  Salisbury	c. LENGTH OF STAY IN 16	Salisbu	outside corporate limits, write	RURAL and give n	earest town}					
d. NAME OF HOSPITAL OR INSTITUTION (IF not in he	ospital, give street address)	d. STREET ADDRESS			e. IS RES DENCE ON A FARM?					
507 Camden Ave.		507 Camde	n Ave.		YES NY					
3. NAME OF First DECEASED (Type or print) John	Middle	Last	h Day 2ス							
	IED NEVER MARRIED 1 8.	DATE OF BIRTH	9, AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.					
M W WIDOW	ED DIVORCED	June 6, 1893	0.5 //1-	Months Days	Hours Min.					
10d. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  METCHANT	Hardware	Marylar Marylar			F WHAT COUNTRY					
13. FATHER'S NAME  Louis W. Gunby		14. MOTHER'S MAIDEN N	os Graham							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (You no or unknown) (You no or unknown) (You no or unknown) (You no or unknown)		Joseph Y. Gun	aby Address	ame						
18. CAUSE OF DEATH Enter only one cause per line	for (a), (b), and (c).			INTÉI	EVAL BETWEEN					
PART I, DEATH WAS CAUSED BY	ronary occlusio	on		ONSI	Sudden					
14.7 (J.) DUE TO										
Canditions, if any, which) (b)										
gave rise to immediate cause (a), staling the underlying DUE TO										
cause tast. (c)										
PART II, OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIV		9. WAS AUTOPSY PERFORMED? YES NO 🔀					
	BE HOW INJURY OCCURRED. (E	nter nature of injury in Part	t or Part II of item 18.)							
Hour e.m. Whi		CE OF INJURY (Home, form ary, street, office bldg., etc.)	20f. (City or town)	(Caunty)	(Stole)					
21. I certify that I took charge of the	remains described above	ve, held an Autopsy	Inspection X	Inquiry [7]	ond find tho					
death resulted from Notural couses										
ACTUAL SIGNATURE. End L	1 / Company	M.D. CHIEF MEDICAL EX	_		DATE SIGNED					
EXAMINER'S		ASSISTANT MEDICA	_							
NAME (Type) Earl L. Rover. N.		DEPUTY MEDICAL 8	EXAMINER	6-25-	56					
220. SURIAL, CREMATION, 226. DATE THEREOF 6/ 25/1956	Pa rsons C	emetery	22d. LOCATION (City, lown, Salisbury	Maryla	nd (Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'S	26-56 Mar	STRAR'S SIGNATUI	mad					
				THE LANGE	au I ser I					

VS. A15ME(S) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6652 **CERTIFICATE OF DEATH** 

_			700							MAR' DIS	II. ITO.	000	-
1.	PLACE OF DEATH	comico		MARYL	AND	o. STATE	ryland	_	I lived. If instituti 5 COUNTY		_		
H		f outside corporate limi	te write	c. LENGTH OF STAY II	NI II								1,7
	RURAL and give no		15, 41110	C. LENGTH OF STATE	4 ID				rote limits, write R	UKAL ond 6	live near	est lown	}
L	Salis	The state of the s		2 weeks		Ba	ltimon		·				
	d. NAME OF HOSPIT	(AL (If not in hospital, g	ive street	oddress)		d. STREET A	ADDRESS					IS RES	IDENCE FARM?
		Head State	Hos	oital		4321	Park	ton St	reet				NO TO
	NAME OF DECEASED	Fin	s†	Middle		Las	st	4. DATE OF	Mor	ith	Day	3	Yeor
	(Type or print)	J. Ro	У			Hardes	ty	DEATH	June		11		9 56
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIES	8 120	. DATE OF BIRT	Н		9. AGE (In years	IF UNDER	1 YEAR		* *
	Male	White	WIDOWI			8/25/1			lost birthday		Doys	Hours	Min,
10			1	legf .	land	7							
100	during most of worl	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPI	LACE (Slote	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
	None		n	ever employ	ed	· Ma	ryland	1			US.	A	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	A. P. Ha	rdesty				_	Com	nelia	King				
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CESS 14	SOCIAL SECURITY NO.	117 thu	FORMANT	0011	TOTTO	MILIE				
{Ye	i, no, or unknown]	(If yes, give war or dates all so						-	Add	1031			
_	Unk.			none		Hospita	1 Reco	ords					
	18. CAUSE OF DEA	TH [Enter only one co	use per lis	ne for (o), (b), and (c).]							INTER	VAL BE	TWEEN
	PART 1. DEA	TH WAS CAUSED BY:	Ca	. metastase	s of	abdome	n				ONSE	TAND	DEATH Conths
	, ,	IMMEDIATE CAUSE (6)	1 000	1110 4011 401 301	D 0 1	0,13,12,0,112,0					<del></del>	-2 11	ontina
	/ X	DUE TO	~	0							1 .		
	Conditions, if a		, ua.	of pancre	as						6 months		
	gove rise to in couse (o), stating												
	lying couse lost.	le'											
ž	PART IL OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	NOT RELATED TO	THE TERMIS	NAI DISEASE	CONDITION GIV	FN IN PART	160) 19	WAS	AUTOPSY
ĕ								THE DIMENS		W14 114 1 7411 1		PERFO	RMED?
Ĭ,				liovascular								YES 📋	NO 🔼
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature o	of injury in P	ort I or Port	Il of item 18.]				
MEDICAL	20c. TIME OF INJUR		r 204 II	JURY OCCURRED 2	De PLA	CE OF INJURY (	Mome form	206 (City	as Jamel	15			401-1-2
ă	Hour o. si.	· ····································	While	_ Not while_	fact	ory, street, office	e bidg., etc.	) ]	or lownj	(c	ounty)		(Stote)
Σ	p. m.	19	of wor	c ot work				. i					
	21. I certify th	at I attended the	decease	ed from May	29	19 56	ta Ji	me 11	1956	.,that I I	ast say	w the	decenser
	alive on Ju	ne 11.	10	56 , and that a	densh.			P	the services				1 1
	dille on-	4		z, and mare	acom i	occorred de			reet, city or town.		e dare		
	ACTUAL	BA Guen	1116	m				•				/ /2.2	TE SIGNED
	ACTUAL SIGNATURE	N. Juce	W.		M	D. Dec	r's ne	ead St	ate Hosp	1tal		0/ T3	./ 20
	PHYSICIAN'S T	Talkaman	24 D										
	NAME (Type)	. Julerman,	11. 17	•		Sal	isbur	v, Mar	yland				
220	BURIAL, CREMATIO		F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. 10CAT	ION (City, town,	or county)		(Stote	)
	REMOVAL (Specify)	6/11/56		New Cathed	fore!	Cometer			imore.		3600	,	
23	FUNERAL DIRECTOR			ADDRESS	TIGHT			AY REGISTI		STRAR'S SIG		cyla	00
-	1/1	On !	3.03	***************************************	~ !				7	1 KAK 5 510	TEATURE	00	
1	1111. 60	sor, ma	T51	7 St. Paul	Str	eet	DATE (	-13-5	6 Hear	4 W.	that-	Colle	ucace"

BUREAU V. 2

		6659 CERTIFICATE OF DEATH  Reg. Dist. No. 332
filed with	1.	PLACE OF DEATH o. COUNTY WICOMICO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. SiDE laware b. COUNTY Sussex
ed ping		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Salisbury  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Delmar
		d. NAME OF HOSPITAL (If not in hospitat, give street address)  Spring Hill Sanitarium  d. Street address State Street  on A FARM? YES NO A
		NAME OF DECEASED Nancy Hastings 4. DATE Month Doy Year OF DEATH June 8 19 56
		Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years    F UNDER 1 YEAR IF UNDER 24 HRS
-1		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Home  12. CITIZEN OF WHAT COUNTRY?  Maryland  13. BIRTHPLACE (Stole or foreign country)  Waryland
	13.	Archielus Hastings  14. Mother's Maiden Name May Rue
ì	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No.
		18. CAUSE OF DEATH [Enter only one cause per line for (p), (b) and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  CAUSE OF DEATH [Enter only one cause per line for (p), (b) and (c)]  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
		Canditions, if any, which gave rise to immediate couse (a), stating the under OUE TO  DUE TO  DUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO
3	NOLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFIC	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEMICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. gr. 19 While Not while at work are a work are work are work.
		21. I certify that I attended the deceased from April , 1916, to June 8 , 1916, that I last saw the deceased alive on JUNE 8 , 1916, and that death occurred at 2:30 P. M. from the causes and on the date stated above.
ý		ACTUAL SIGNATURE ADDRESS (Street, city for town, state)  PHYSICIAN'S  NAME (Type)  ADDRESS (Street, city for town, state)  DATE SIGNED  M.D.  ADDRESS (Street, city for town, state)  PHYSICIAN'S  NAME (Type)
	220	BURIAL CREMENON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF DELINARY DELINARY DELINARY, DELINARY
	23	AUNERAL DIRECTOR'S SIGNATURE  CO-Delmon Low DATE 6 13 56 Mary IN Holloway of
		· ja

950T G 18.

VS A15 (4) 15M 9/55

TO HOLITAL OR ATTINGING HYSICIAN: The law requires that the Mach certificate be executed within In hours after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6795 CERTIFICATE OF DEATH

#6655

Reg. Dist. No. 332

	COUNTY W:	icomico		MAR	YLAND	2 USUAL RESI a. STATE	Maryl:	ere decessed live	d. If institution b COUNTY		e before o		1)
b.	CITY OR TOWN (IF RURAL and give nee	outside carparate limi arest tawn) Salis	·	c. LENGTH OF STAT	Y IN IB	c. CITY OR	Salis	bury	limits, write R	UR <b>AL and g</b>	ive nearest	lown)	;
d.	NAME OF HOSPITA OR INSTITUTION	R. D. # 5		n Rd)		d. STREET A	R. D. #	5 (G1	en Rd)			S RESID	
DI	AME OF ECEASED ype or print)	OLL I		Middle MIMOF	-	HITCH		4. DATE OF DEATH	JUNE		2 nd	Ye-	or 56
5. SE	X	6. COLOR OR RACE	7. MARRI	ED 🔝 NEVER MARR	IED 🔲	B. DATE OF BIRT	Н	9 A	GE (In years	IF UNDER			
1	Male	White	WIDOWE	D DIVORC	ED 🔲	April 1	6,189	1 "	65 yrs.	Manths	Days H	OAL?	Min.
		N (Give kind of working life, even if retired Lac Furna				I BIRTHPI	ons in	aryland	y)		S A	VHAT C	OUNTRY?
	Daniel A	tmore Hitch	hens			Mahal	a Mad	dox					
15. W	VAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	CES? 16. S	SOCIAL SECURITY NO		NFORMANT S. Lilli	e V.	Hitchens Isbury.	Addi Wife Maryla	) R.D	# 5	(Gl	en Rt
CERTIFICATION	Canditions, if on gove rise to in cause (a), stating to lying couse lost.	mediale	C	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART	1 8	VAS AU	OTOPSY AED? NO FX
	IF EITHER, NOTIFY A	CAUSE OF DEATH		RIBE HOW INJURY (									
MEDICAL	Haur o. s., p. m.	Manth, Doy, Ye	While	Not while of work		ACE OF INJURY ( tory, street, affici			own)	(C	ounty)		(Stole)
A S	ACTUAL SIGNATURE	at lattended the	125	, and tha	t death		cı.den	DDRESS (Street,	e causes a city ar town,	stote)		stated	
220.	BURIAL, CREMATION	, 226. DATE THEREC	)F	22c. NAME OF CEN	AETERY OI	R CREMATORY		22d LOCATION	(City, town, c	er county)		(Stote)	
	REMOVAL (Specify) Burial	June 4,1	956	Parsons	Ceme	terv		Salish	ury, N	aryla	nd	•	
	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGISTRAR		TRAR'S SIG			
H	2 YAWOLLO	COMPALTY	SAL	ISBURY MAI	MAL	D	DATE 6 -	556	1,24	1 1	Av:	35 V V	els

Lementy Konsens Town 2....

S-54 SC S-A SA C-5 BERRAU V. S. 1998

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	06656
,		CERTIFICATE OF DEATH Reg. 1	Dist. No 7603
	t,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution, Resid or STATE). COUNTY	
		CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)	
		Salisbury 55 years Princess Anne	
7/	L	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Deer's Head State Hospital  d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle Last 4. DATE Month	Day Year
	L	Type or print) Rebecca Elizabeth Hoffman DEATH June	8 19 56
	5.	The state of the s	ER 1 YEAR IF UNDER 24 HR
	100	WILLE WIDOWED IN DIVOKED OUT 4, 1011 04 yrs.	
- V		outing most or working life, even it refired)	ITIZEN OF WHAT COUNT
	13.	Housework Housework Maryland FATHER'S NAME	USA
		William Johnson Bettsy Ann Marsh	
2100		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
()		Ink. (If yes, give wor or doles of service)  Hospital Records	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Gerebral thrombosis	ONSET AND DEATH
9		332X DUE TO	2 44,70
		Conditions, if any, which } Arteriosclerosis, generalized	?
2		gave rise to immediate DUE TO	
	,	lying couse last. (c)	
î	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19 WAS AUTOPS PERFORMED? YES NO 6
	電	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CO	100 1100
5	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		(County) (State
	ME	P. m. 19 While Nat while of work at work	
		21. I certify that I attended the deceased from Oct. 17 19 50, to June 8 19 56 that I	I last saw the decea
		alive on June 7 1256, and that death occurred at 2:25 AM, from the causes and on	the date stated abo
		ADDRESS (Street, city or town, state)	DATE SIGI
		ACTUAL SIGNATURE JV M.C. Deer's Head State Hospit	al 6/8/56
		PHYSICIAN'S L. V. Maldve, M. D. Salisbury, Maryland	
b I	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	1
	£	turial" June 10,1956 Asbury Cemetery Mt. Vernon, Ad	
	3.	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 246/REGISTRAR'S S	IGNATURE
	7	and Wenner Princess Anne, Md. DATE 6/11/56 KS July	weed The

death.

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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Sent a story

VS A15C 1-55 10M ~

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#6658

#### 6672 CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH			2. USUAL PESIDE	NCE (HOME) OF DECE	ASED						
			and the state of t								
county Wicomico	MARYL		STATE Mary]	and COUNTY W	icomico						
CITY (If outside corporate limits, write RURAL OR and give neerest town)	LENGTH O		CITY (Il outside corp	orate limits, write RURAL end giv	ra nearest town)						
TOWN Salisbury	Since 5		Terror C1.71	sbury	к						
HOSPITAL OR			STREET	(Il rure) give loca	ation)						
INSTITUTION OR Pine Bluff St			ADDRESS	D 72 72 11c'							
Salisbury, Ma	(Middle)		Delmar Road.	4. DATE (Month)	(Day) (Year)						
DECEASED	(Widgle)		(Lest)	OF							
(Type or Print) Sarruel	Earl		Holt	DEATH June	22 19 56						
5. SEX 6. COLOR OR 7. SIN	GLE, MARRIED,	B. DATE		1	JNDER 1 YEAR IF UNDER 24 HRS						
Male White Sp	oowed, divorced, ecity) Single	Doc.	4, 1879	76 yrs. 6							
10e USUAL OCCUPATION (Give kind of work	DINGLE		11. BIRTHPLACE (State or Jore		1 12. CITIZEN OF WHAT						
done during most of working life, even it	10b. KIND OF BUSINES OR INDUSTRY	,			COUNTRY?						
mired) Waterman	Worked on B	oat	Salisbury, Ma		USA						
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
Alfred Holt			Henrietta	Sommers							
15. WAS DECEASED EVER IN U. S. ARMED FORCE	S?   16. SOCIAL SEC	URITY NO.	17. INFORMANT &								
(Yes, no, or unk.) (Il Yes, give wer or dates of serv			Decorard	n adminaion to	horvitel						
No	None	NCAL CE	RTIFICATION	n admission to	I INTERVAL BETWEEN						
I DISEASES OR CONDITIONS DIRECTLY LEADING		DICAL CE	4	11	ONSET AND DEATH						
102X IMMEDIATE CAUSE (A)	Milano	Mary	Julie	weit die	192						
2110 70	13200011401	2	1.3								
the control of the control of	11.1	nee	Marelle	J.	10920						
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERSTAIN CAUSE LAST DUE TO	648	1									
STATING UNDERLYING CAUSE LAST, DUE TO											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G										
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
	FINDINGS OF OPERATION	J			20, AUTOPSY?						
170, ONLE OF GREEN	THOMAS OF OTERNIOR	`			YES NO X						
	LACE (Home, Jerm, fectory	1.	21c. WHERE DID INJURY OCCL	R? (City or town)	(County) (State)						
OR CONTRIBUTING CAUSE OF DEATH OF INJUST (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY street, office bldg., etc	.)									
21d, TIME OF INJURY (Month) (Dey) (Year) (F		JRRED	21. HOW DID INJURY OCCL	IR?							
		while									
			F. F.								
22. I hereby certify that I attended											
alive onJune 22 19 56.	, and that death	occurred a	tQ aM, from the	causes and on the date	stated above.						
SIGNATURE	11/2		ADD	RESS (Sireet, city, town, stat	a) DATE SIGNED						
AN CILL	raler	M.D.	Salisbury,	Md.	6/22/56						
23. BURIAL, CREMATION, DATE THEREO REMOVAL (SPECIFY)	F NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, fown, or o	county) (Stela)						
Rurial Jun. 24	1956 Var	anne C	emetery	Sold aburer	Mr. Cares 11						
24. REC'D BY REGISTRAR 1 L' L'EEGISTRAR'S		aorra Or	25 FUNERAL DIRECTOR'S	SIGNATURE	A ADDRESS						
m Jobi or	is at all	•	741/4000	and let	1. Drad						
DATE //U	ry 11 Holla	nery		1 0 pulsa	and hind.						

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20. 2510

			6706 CERTIFICATE OF DEATH	
Page 4		ì.	PLACE OF DEATH O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) O. STATE  D. COUNTY  MARYLAND	_
		$\vdash$	Wicomico  Maryland Wicomico  b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town)	
deal d b	X		RURAL and give nearest town) He bron 50 yrs Hebron	
fer f	-		d. NAME OF HOSPITAL (If not in hospital, give street address)	Œ
E C		L	OR INSTITUTION Church Street Church Street YES NO	
24 har		3.	NAME OF First Middle Lost 4. DATE Month Day Year OF June 11 195	6
ithin Page		5	SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO R DATE OF RIPTH 9. ACE (In very 15 UNDER 1 YEAR) IF LINDER 24 I	⊢RS.
plete			Temale White widowed Divorced Jan. 31, 1869 87 yrs. Months Days Hours Me	វវា.
execute nd cam in pape	1	10	USUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) At Home  Sussex County, Del.  12. CITIZEN OF WHAT COUNTRY USA	NTR
be be orbo		13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
sicio			Wilson Baker Augusta Knowles,	
phy remo		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
oth o		=	NO Wilson Howard, Hebron, Md.  [18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	
otter of with			PART I, DEATH WAS CAUSED BY: ( ) A O   D D D   COLL O A VICE O D ONSET AND DEAT	H
the Ther			DUE TO	7
ony e			Conditions, if ony, which (b)	
in per	1	1	gove rise to immediate cause (a), stoting the under-lying couse lost.  DUE TO  Coloris Vacle Jain	
he law rec physician. nas been si rial-transit navol, and	<u> </u>	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED?  YES NO	7
tending ficate by the burn			20g. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
PHYSIC al or at this cert r use as emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. gr. 19 work at work a	ate)
NG Spit Her I d fo			21. I certify that I attended the deceased from July 50, 1950, to July 101, 1956, that I last sow the dece	ase
R: Al	1		alive an will 10 12 12 and that death occurred at the from the causes and on the date stated ab	
A ATTI			ACTUAL SIGNATURE COULD EMMACLE M.D. HELDER - BOX MILE 11-4	GNE
retaine RAL PI Show			PHYSICIAN'S NAME (Type)	
OSP V be UNE Je 3		22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	=
0 0 0 0		_	Burlai 6-13-56 Hebron Hebron, Maryland	
VS A15 (4) 15M 9/55		73	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE	
15M 9/55	*	K	1 STATE CO VUENTON DATE 6-14-36 Thay At. Holwina	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BA	TIMORE, 18	}
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L		55	73	CERT	IFICA	AIE	OF L	EAIF	1			Reg. Di	st. No	. 36	7.2
1,	PLACE OF DEATH o. COUNTY	icomico		MAR	YLAND	2 US	UAL RESID	ence (wi Mary)	_	ed lived. If b C	institutio OUNTY		ice befo		sion)
	b. CITY OR TOWN (IF	outside corporate limit	s, write	c. LENGTH OF STAT	( IN 16	C.	CITY OR 1	OWN (If a	utside corp	orole limits,	write RL	JRAL ond	give nec	grest fowl	n)
1	2	Salisbury		3 yrs				Salis	bury						
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g	ve street	oddress)		d.	STREET A	DDRESS						e. IS RES	SIDENCE FARM?
L		114 Walst	on Ar	78				114	Hals	ton Av	e				NO 🔝
3.	NAME OF DECEASED (Type or print)	JOH		MESLE'		H	YNSOL		4 DATE OF DEATI	-1	Mont June		13		Year 1956
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	B. DATI	OF BIRTH	1		9 AGE (Id	years				ER 24 HRS.
	Male	White	WIDOWI	- 10.00	- band			, 187		last birt 83	yrs.	Months	Doys	Hours	Min.
10	during most of work	N (Give kind of work ong life, even if retired)	lone 10b.	KIND OF BUSINESS	OR INDUS	TRY 1	I. BIRTHPL	ACE (Slote	or foreign	country)		12. CI	TIZEN C	F WHAT	COUNTRY
ш	Retired Ni	ght Watchm	an	Watchman			Tall	ot Co	. Mai	ryland			US	A	
13.	FATHER'S NAME					14. /		MAIDEN N							
L	John Hyns						Roxe	ınna I	larbui	tton					
15.	WAS DECEASED EVER No. or unknown!	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	).  17. 18 	IFORM	ohn E	Hyns	on(So	on) 11 arvlan	4 Wa	lsto	n Av	re.	
Г	18. CAUSE OF DEAT	TH [Enter only one ca	use per lin	e for (a), (b), and (c)	.],		1/	1	7	. 0			INT	ERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		mount	we	1	lear	7:	Tai	Lus	-		ONS	ET AND	
	11541	DUE 10		1										######################################	indianap.n
	Conditions, if an														
	gove rise to in couse (o), sloting t	mediate												-	
	lying couse lost.	(c)													
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONI	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RE	LATED TO	THE TERMI	NAL DISEA	SE CONDITI	ON GIVE	EN IN PAR	1 1(0) 1	PERFO	AUTOPSY RMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRED	). (Ente	r noture of	injury in f	Port 1 or Pa	rt II of item	18)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea		JURY OCCURRED	20e. PLA	CE OF	INJURY (I	tome, farm bidg., etc.	20f. [Ci	y or lown)		(	County)		(State)
MEC	p. m.	19	While of worl	Not while	100	.0.7	1001, 011100	orago, arc.	1						
	21. I certify the	at I attended the	deceas	ed from 7.	ed		195.6	. ta 6	-/3	56,1	9	that I	last sc	w the	decense
	alive an 6	13.36	19	, and that	t death										
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	ACTUAL	uddi	aw	ref		W.D.									
															. 1
L	PHYSICIAN'S Dr	. Lee Lawr	y M.I				Fruit	land,	Mar	yland			J	une/	<i>¥</i> 195
22	O. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY OF	CREM	ATORY		22d. LOC/	TION (City,	town, o	r county)		(Stote	•)
L	Purial	June 16	1956	Silverb	rook	Cen	eters	7	Wilm	ington	. De	elawa	re		
	FUNERAL DIRECTOR'S		TAT	MDDRESS					BY REGIS			TRAR'S SH		RE	
	LLUWAY & C	OPERANT PULL	LAIL	HONEL - SAI	LISBU	HI.	MU	DATE 6-	-18-0	16	Max	W Dr	1 -1	24 3	

1	1		MARYLA	IND ST	ATE DEPAR	TME	NT OF HEALT	H-BAL	TIMORE,	18	
7>.			6674 MEI	DICAL	EXAMINI	ER'S	CERTIFICA	TE OF	DEATH	- (	16661
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SD ST	2.	PLACE OF DEATH D. COUNTY					2. USUAL RESIDENCE (	Where decease	d lived. If Institution b. COUNT		before admission)
		CITY OF TOWN	WI COMI CO	DI SER A S	MARY!		Mar	yland		7/1/66	
Page (		and give nearest few	n) wilde corporale limits, wille	HURAL	c. LENGTH OF STAY I	N 1b	c CITY OR TOWN (I			KOKAT pud Bise	Cabatest fown)
	1	Sali abi	TAL OR INSTITUTION (IF	not in hospi	tal give street address		d. STREET ADDRESS	144 Ba	ltimore		e. IS RESIDENCE
9/1			Hill Nursing		or, Bive sires pooress	,			gonne Dr	i ve	ON A FARM?
fr fr	3.	NAME OF	First	TOTA	Middle		Shrine/H;	YY Ros	Month	Do	
y de gistre gistre		DECEASED (Type or print)	Esau		***************************************			OF DEATH	6_	25	
for for a	5.	SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	8.	Insley DATE OF BIRTH	-	AGE (In years	IF UNDER TYE	
4 p p z z z z z z z z z z z z z z z z z		M	w	WIDOWED	DIVORCED [		Sept.30.I	880	75 yrs.	Months Days	Hours Min.
S to will will will will will will will wil	100	USUAL OCCUPAT	ON (Give kind of work doing life, even if retired)	na 10b Kit	ID OF BUSINESS OR I	NDUSTI			untry)	12. CITIZEN	OF WHAT COUNTRY?
ond ond			achinest				Marvlan	d		U.	S.A.
3 of . 2, . 2, . 1 o l	13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
hour 5 m 5 m	L		.D. Insley				Annie Di	ckey			
Page Page	15. (Ye	WAS DECEASED E	VER IN U. S. ARMED FORG		CIAL SECURITY NO.	17. IN	FORMANT		Address		
S. Sive		no	no			Mr	Bovid Tu	rner	Vantico	ke, Me	ryland
P 89 F			ATH [Enter only one coust	per line fo	(o), (b), and (c).]					IN O	TERVAL BETWEEN NSET AND DEATH
ear 14 form			TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Arter:	io-sclerot	le c	ardio-yascu	<u>lar dis</u>	ease		Years
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od die	CATION								CONTONION ON	THE HALL WELL IN	PERFORMED? YES NO [X]
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word word should	3	20c. TIME OF INJU		20d. IN.	JURY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	n. i 20f (City	or lown)	(County)	(Stole)
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oote,			E 0.	1 ,	/contribu	ting	50				
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the production of the producti			Earl L. Roye	r, M.	D		DEPUTY MEDICAL	EXAMINER 5		6-26	56
o Day	220	BURIAL, CREMATIC REMOVAL (Specify		2	C. NAME OF CEMETE	RY OR C	CREMATORY	22d. LOCAT	ON (City, town, o	r county)	(Stote)
7 01	00	burial	June 27	1956	Loudon F	arl	c Cemetery	Bal		Maryl	
VS. A15ME(5)	23.	FUNERAL DIRECTO	- 1					D BY REGISTR	AR 246. REGIS	TRAR'S SIGNAT	Y DC
5M 9/55	0	ernz.	DiWilas	m Pr	incess Ar	me,	Meryland	00/-	plake	1111/3	HY MAY



certificate

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	66663
	. 6676 CERTIFICATE OF DEATH	st. No. 332
1.	PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE D. COUNTY WIRD FRULFING.  SOT	ce before admission)
19.	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town)  ALIS DURY  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL	
	d. NAME OF HOSPITAL (Knot in hospital, give street address) OR INSTITUTION CHIN SULA GENERAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) RONALD TO TO NOON DEATH JUNE	5 - 1956.
	MALE. COLURED WIDOWED DIVORCED	Days Hours Min
deat /	during most of working life, even if retired)  MARYLANG.	U.S. A.
É I	WILLIAM FRAZIER JOHNSON LIVENIA Smith	
- , IY	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  Address  LUZIENIA JOHNSUN  UNDE	RHILL MIN
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Sudden death	INTERVAL BETWEEN ONSET AND DEATH
oux	Conditions, if any, which) (b) Preumonia, Brancho	serera/wi
Dug.	gove rise to immediate casse (a), stating the under-lying cause last.  Due TO  CACTIVIS THE	6 mo
naval, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 30c. CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) foctory, street, office bldg., etc.]	County) (Stote)
orial, o	21. I certify that Lettended the deceased from 1 June, 1956, ta 5 June, 1956 that I alive on 5 June, 1256, and that death accurred at 11 R M, from the causes and an t	last saw the deceased he date stated above.
P /	ACTUAL METHIO Q. Samblin M.D. 707 Comben - Salisburg Me	PATE SIGNED
strar pr	PHYSICIAN'S Marchis a. Lambdin, Salisbury, Md	
pe _	REMOVAL (Specify) 6-6-56 Upper Hill Cometery (Iffer Hell)	md (State)
23	FUNERAL DIRECTOR'S SIGNATURE ARDRESS TILL MA DATE (-10-5%) MARCH LI	Shature flowery

routing X ;

86664 **CERTIFICATE OF DEATH** Reg. Dist. No. 3.3.2 filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) 160 o. COUNTY Wicomico Maryland **b. COUNTY** MARYLAND Micomico eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town)
Shad Point Shad Point d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION R e. IS RESIDENCE ON A FARM? Salisbury R.D. # 1 Salisbury YES NO T NAME OF 4. DATE First Middle Month Day Year Filled DECEASED JONES OF DEATH BELL LITTE JUNE (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Days Months Hours Remole white July 4, 1872 pope, WIDOWED IS DIVORCED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Shad Point (R.D. #Selisbury) U.S.A. Work at Home House Work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Williams Charlotte Turner IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Harold Townsend (Laughter) Shad Point No Saliabury Maryland 18. CAUSE OF DEATH [Enter only one couse perting for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ቪ PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) newitis DUE TO Conditions, if any, which (6) gave rise to immediate DUE TO cause (a), stating the underlying couse tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a. n. While Not while of work at work p. m. 21. I certify that I attended the deceased fram. ... 19 5 6 that I last saw the deceased and that death accurred at 10:30 Bu, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** 1956 East Main St. Office June SIGNATURE PHYSICIAN'S NAME (Type) Dr. Philip A. Insley Salisbury, Maryland may be r D FUNER) page 3 st 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Shad Point Cemetery Salisbury, Maryland R.D.华 Burial June 9,1956 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OLLOWAY & COMPANY FUNERAL HOME\*SALISBURY MARYLATER 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After 6 66665 copy CERTIFICATE OF DEATH 6677 death. Reg. Dist. No. 332 2 after 퍞 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED 0 Wicomico COUNTY MARYLAND hours Maryland COUNTY (If outside corporata limits, write RURAL LENGTH OF STAY (it outside corporate limits, write RURAL and give nearest town) director, and give nearest town) (in this place) TOWN TOWN Salisbury days Mardella Rural 77 HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS within STREET ADDRESS Pennisula Gen Hosp Route #3 3. NAME OF (First) (Middle) (Day) (Last) 4. (Month) (Year) registrar DECEASED OF (Type or Print) DEATH Walter Lynch 19 56 5. SEX COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR 9. AGE last birthday IF UNDER 24 HRS RACE WIDOWED, DIVORCED. (Spacify) Unkown Months Days Hours the YES. .5 About 10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT ¥ j¥ fii dona during most of working life, even if OR INDUSTRY COUNTRY? Dermit Laborer Farmine North Carlonia IISA filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely Unkown Unkown physician, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS cale (Yes, no, or unk,) (If Yes, give wer or dates of service) Unkown 245 07 8050 Wallet identification and certifi INTERVAL BETWEEN 18. MEDICAL CERTIFICATION g I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician or altendi death 98 / IMMEDIATE CAUSE 21Se DUE TO ANTECEDENT CAUSE(S) that the attending pr DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO detached requires II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. the 9 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WE Š YES NO 70 shoul 21a. ACCIDENT WAS UNDERLYING [1] 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) The (County) (State) executed OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) IIF EITHER, NOTIFY MEDICAL EXAMINERS DIRECTOR assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work, peen 22. I hereby certify that I attended the deceased from (O that I last saw the deceased certificate has alive on 4 death occurred at FaM, from the causes and on the date stated above and that FUNERAL SIGNATUR 1-55 10M ADDRESS, (Street, city, town/state) DATE SIGNED certificate death BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) A15C Removal Hollister Cemetery 6-16-56 24. (REC'D BY REGISTRAR -) T REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Stewart Foneral Home, Salisbury, Md. DATE Oto

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If Institution; Residence before admission) o. COUNTY o. STATE Warvland **b.** COUNTY Wicomico Wi comi co MARYLAND b. CITY OR TOWN III ownide corporate limits, write SURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) Rural Mardela Rural Mardela vears d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) ON A FARM? YES NO NAME OF Middle 4. DATE Month First DECEASED (Type or print) Albert Malkin DEATH 6\_10\_ 19 Edward 6. COLOR OR RACE 7- MARRIED KI NEVER MARRIED I 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX ost burthday) Months Min. Hours 40 WIDOWED | DIVORCED [ 29, 1006 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? 은 🗠 USA Plumbing New York Bookkeener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOY Bertha Rudie Manfred Malkin Page 5 1 17. INFORMANT 405 Eddreil 4th St. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO fif yes, give more or dates of service Marold Julien Malkin New York City. H.Y. Give 0 INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Sudden Strangulation by hanging. IMMEDIATE CAUSE (o) 141 DUE TO Conditions, if any, which I alang buriofgove rise to immediate couse DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? Scizophrenia NO. 20g. EXTRENAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Hung himself in barn by the neck. 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Not while al work of work Barn Mardela Wicomico Md. p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection . Inquiry XI, and find that death resulted from: \_ Natural causes . Accident . Suicide X. Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURI ASSISTANT MEDICAL EXAMINER [ **EXAMINER'S** DEPUTY MEDICAL EXAMINER T NAME (Type) 6-20-56 Rover. 220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) MEMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		MARYLAND S	TATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	06668	}
		6679	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 33	2
	1. F	COUNTY William mile	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY		on)
110	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	etside corporate limits, write R	URAL and give nearest town	
		NAME OF HOSPITAL (If not in hospital, give street od on in sulla Henceal Hesky	dress)	d. STREET ADDRESS Route 1	- Bod 177	e 15 REST ON A YES	DENCE FARM? NO
		AME OF ECEASED (ype or print) Andistrial	Middle	Mitaho 11	4. DATE Mon OF DEATH JINE		ear 9 5 6
	S. 9	Mole, Color OR RACE 7. MARRIE WIDOWED	- I I I I I I I I I I I I I I I I I I I	B DATE OF BIRTH	9. AGE (In years igst birthday) 3.7 yrs.	Months Days Hours	
	100	USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPIACE (Stole o	or foreign country)	12. CITIZEN OF WHAT	COUNTRY?
	13.	ATHER'S NAME. BENSAMIN NITC	h e//	14. MOTHER'S MAIDEN N.	LEE .	?	
5		WAS DECEASED EVER IN U. S. ARMED FORCES? 16-60 no. or unknown) [If yee, give war or dates of service]	66-18-0328	RAD INC	takell D	ress	ma
		18 CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	far (a), (b), and (c).] ^	x. } . x	7	INTERVAL BET	WEEN
		4d0./ DUE TO Conditions, if any, which ) (b)	iste is se	Cartie Le	2 me y	· fried . 11	0
		gave rise to immediate case (a), stating the under- tying cause last.			, ,)		
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	HALL CA LE		VEN IN PART 1(0) 19. WAS A PERFOR	MED?
	CERTIFI	200. ACCIDENT WAS UNDERLYING   20b. DESCR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Part II of item 18.)		
	MEDICAL	Hour a.m. While	URY OCCURRED 20e. PL Not while for some of work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stote)
		21. I certify that I attended the deceased	, ,	, 19, to,		that I last saw the	
1		ACTUAL SIGNATURE CONTROL S	· 666 . 7		ADDRESS (Street, city or town,		TE SIGNED
		PHYSICIAN'S NAME (Type)	/	PARTIE OF THE PARTY.			
	270	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY C	OR CREMATORY	22d LOGATION (City, town,	or county) (State	
(,,	23.	Eclar Whesten -	ADDRESS News	240 REC'E	DAY REGISTRAR 246. REGI	STRAR'S SIGNATURE	rail
5				,	A. C. N. G. COO.	1	-



		MARYI	AND	STATE DEPARTA	MENT OF H	EALTH-	-BALT	MORE, I	8	1660	80
		. 663	0	CERTIFIC	ATE OF D	EATH			Reg. Dist. No		532
Fig.	1. 1	PLACE OF DEATH S. COUNTY WICOMICO		MARYLAND	II o. STATE	ENCE (Where	deceased (	ived. If institution b. COUNTY.	n: Residence bef	ore admiss	ion)
12		b. CITY OR TOWN (If outside corporate limi RURAL and give negrest town) Salisbury		c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outsi		le limits, write Ri	JRAL ond give ne	carest town	1)
80		d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION Peninsula General	Hos	oddress) pital	d. STREET AT	South	Blvd.				FARM?
		NAME OF DECEASED (Type or print) GEORGE		Middle HERBERT	MORE.		DATE OF DEATH	June	* D		Year 19 56
	5. 5	Male White	WIDOW		B. DATE OF BIRTH	381		75 yrs.	Months Days	Hours	ER 24 HR Min.
r V		. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Ret. Chemicl Eng.		Engineer	Maryl	and		חזרץ)	12. CITIZEN	?S.A.	
-Nagatile	13.	FATHER'S NAME G.W.Moore			14. MOTHER'S	maiden nam Lian Wr	_				
	15.  Yes	WAS DECEASEDEVER IN U. S. ARMED FOR. (If yes, give wor or dates of se	rvice)	social security No. 17.	INFORMANT		308	Beckford ce Anne		nd	
		1B. CAUSE OF DEATH [Enter only one cau PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the under: lying couse lost.  [c]	S. S.	ne for (o), (b), and (c).]  Phonary  Angrial of	may	fu	en Lo	dt leros	S	TERVAL BE	Ly
	CERTIFICATION	PART II. OTHER SIGNIFICANT CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURR					EN IN PART 1(o)	PERFO	AUTOPS PRMED?
	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yee Hour o. st. p. m.  19	20d. II While at wor	Not while	LACE OF INJURY (H actory, street, office	iome, form,   ; bldg., etc.)	20f. (City o	town)	(County)	i	(Sta
		21. I certify that I attended the alive an	deceas _, 12_	ed fram, and that deat	19, 19, h occurred at	3:45P	A, from	the causes and city or town, s	nd an the do	ate state	deced about sign
	<u> </u>			le. Medical C							
		BURIAL CREMATION, 226. DATE THEREO REMOYAL (Specify) BUPTAL 6/18/56 FUNERAL DIRECTOR'S SIGNATURE	F	Still Pond C	emetery	S	till	Pond, Ma	aryland	(Stote	e)
		ill & Johnson Co. Sa		ury, Maryland		DATE 6	8-56	Mary	TRAR'S SIGNATU	ello	rai
		Marmon	B	0 (000)					/		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission o. COUNTY **a. STATE b.** COUNTY Wi comi co MARYLAND Marvland Wi comi co b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) 10 Mi. Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Camden and Woodland Road 224 East Church St. YES NO X 3. NAME OF DATE Year DECEASED O# Bounda (Type or print) Lens Niblett. DEATH 14 19 S. SEX 6. COLOR OR RACE 7. MARRIED [7] NEVER MARRIED [7] B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPART IF LINDER 24 HRS 2 with the Feb. 8.1905 Months Dava Hours K Femal WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even (f retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A.. Maryland and ag q Presser Shirt factory 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME NO. Belle Taylor George Wm. Boundas Page 5 r 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 20-40-9812 Rudolph Niblet, Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushed chest Sudden IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY ŝ PERFORMED? NOX 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) Deceased driving car involved in two car collision. 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or town) (County) (Slote) factory, street, office bldg , etc.) While Not while it Salisbury Wicomico Md. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection ( Inquiry [7], and find that the Chief Accident A, Suicide , Homicide , Undetermined couse . death resulted from Notural couses , DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATIII ASSISTANT MEDICAL EXAMINER farwarde FUNER Earl 6- 18-56 NAME (Type) L. Royer, H.D. DEPUTY MEDICAL EXAMINER A 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVALUEPE 21 6/18/56 22c. NAME OF CEMETERY OR CREMATORY Siloan, Maryland (State) Siloan Cemeterv 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Hill & Johnson Co. Salisbury, Maryland 5M 9/55 TO William T. Bulk Ch

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomico o. STATE **b. COUNTY** Maryland Wicomico MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and dive heared lown) Salisbury app: 30min. Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 812 Bast Church St Pen- Gen- Hospital YES NO 3 NAME OF First Middle 4. DATE Lost Month Year Day DECEASED MELVIN ROBERT PHILT. IPS 28 (Type or print) DEATH June th 10 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Isn years IF UNDER TYEAR IF LINDER 24 HRS. lost birthday) Months Min. Hours Male White Sept. 3. 1944 WIDOWED IT DIVORCED [ yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Vircinia U.S.A. None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Phillips Wilsie Mae Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Phillips (Father) 812 Salisbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Fractured skull hour **DUE TO** Conditions, If any, which gove rise to immediate couse **DUE TO** (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES T NO I 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Riding bike and was involved in collision with road grader. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) Not white 3 6-28 1956 Md. at work of work Salisbury Vicomico 21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection [X]. Inquiry [X], and find that death resulted from: Natural causes Accident X, Suicide . Undetermined cause Hamicide . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S 1956 NAME (Type) Dr. M. D. Earl L. Royer DEPUTY MEDICAL EXAMINER June 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION, 1226, DATE THEREOF 22d. LOCATION: (City, town, or county) (Slote) REMOVAL (Specify) July .1956 Wicomico Memorial Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE COMPANY FUNERAL HOME- SALISBURY.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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filed with	1. PLACE OF DEATH D. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wicomico
d te fil	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
oulo soulo	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	Parsonsburg d. STREET ADDRESS e. IS RESIDENCE
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A fill	5. SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS
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tend plea ithir	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL RETWEEN ONSEI AND DEATH
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ficate h	206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
bis cert	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Moir co.m., Pp. m. 19 at work at work at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
E Far L	21. I certify that I attended the deceased fram.	. 1953, to 6-11 , 1956, that I last saw the decease
orio	alive an 6 11 62, and that death	occurred at 11 40 M, fram the causes and an the date stated above
d by the CCTO	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or lawn, stote)  DATE SIGNE M.D.
Tar principal	PHYSICIAN'S NAME (Type) Dr. L. V. Sobler 303 East S	t., Delmar Maryland
S S S S S S S S S S S S S S S S S S S	22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
may be page 3 the regime	Burial 6/15/56 Parsonsburg 0	
2 6 0 0 =	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Hill & Johnson Co. Salisbury, Maryland	DATE 0-14-56 Maryll. To Torray
	Ylorman T. Baker	



		MARYL	AND STATE DEPA	ARTME	NT OF HEALTI	H-BAL	TIMORE, 1	8	667	iry			
		669	36 CERT	IFICA	TE OF DEAT	Н		Reg. Dist.		6			
	1. PLACE OF DEATH d. COUNTY Wic	omico	MAR	MARYLAND  2 USUAL RESIDENCE (Where do . STATE  Maryland				deceased lived. If institution: Residence before admission) b. COUNTY Anne Arindel					
M )/1	RURAL and give ne	outside corporate limits arest town) , Maryland	c. LENGTH OF STAY		c. CITY OR TOWN (IF			URAL and give	nearest for	vn)			
	OR INSTITUTION	AL (If not in hospital, giv Deer's Head	ve street oddress) . State Hos∋ita	1	d. STREET ADDRESS Adams, Pa	rk			ON	A FARM			
	3. NAME OF DECEASED (Type or print)	First Perc	y		Rober <b>ts</b>	4. DATE OF DEATH	June		Day 4	Yeor 19			
	s. sex Male	Colored	7. MARRIED NEVER MARR	ED 🔲	Dec. 16, 19		9. AGE (In years lawybirthday) yrs.	Months Do					
	10a USUAL OCCUPATIO during most of wark	N (Give kind of work doing life, even if retired)	one 10b. KIND OF BUSINESS (	OR INDUST		or foreign o	country)		N OF WHA	IT COUN			
1 1		more Robert			14. MOTHER'S MAIDEN I	-	nsbury						
back I	15, WAS DECEASED EVER (Yes, no. oc. unknown)	R IN U. S. ARMED FORCE If yes, give wer or doter of ser	TES? 16. SOCIAL SECURITY NO	), 17. IN	CORMANT Hospita	l Rec	Addi ords	ets					
	18. CAUSE OF DEAT PART I. DEAT		INTERVAL BETWEEN ONSET AND DEATH										
	Conditions, if or gave rise to in course (a), stating I lying course last.	nmediate ( DUE TO	Rheumatic	heart	disease	<u>,                                      </u>			8 yr	S.			
	<u> </u>		PITIONS CONTRIBUTING TO DE					EN IN PART 1(	d) 19. WAS PERF YES	ORMED?			
		MEDICAL EXAMINER)											
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j	21. I certify the alive on July	at 1 attended the characteristics 21. The classics of the characteristics are considered to the characteristics of the characteristics are considered to the characteristics are considered to the characteristics are considered to the characteristics are characteristics.		Jy ]] I dea)h a		A.M., fran	n the causes a treet, city or town, to M ryland	nd on the	date stat	e decent led about 516 56			
	NAME (Type)	L. V. Maldy	ve, K.D.										
	220. BURIAL CREMATION JEMOVAL (Specify) 23. FUNERAL DIRECTOR'	13-27=	ADDRESS	NETERY OR	Secto	D BY REGIST	TRAR Zah REGIS	r county)	(Sto	ite) ^			
12,	Millielo	ere /	eles III	8000	NAShir DATE	710	50 Mar	y 24.34	rllow	740			

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director, iled with		1	PLACE OF DEATH	icomico			YLAND	2. USUAL RES		e deceased	lived If institute b. COUNTY	Reg. Dis	ce befor		ion)
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ond 2 sh	f	L	Deer	s Head State	Hospi	ital		d. STREET						ON A	DENCE FARM? NO
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npleto	1	]	Female	White	WIDOWED [		0		376		O. AGE (In years lost birthday)  80 yrs.		Days	Hours	Min.
an and cor carbon pap offer death	2197	_	HOUSEU  FATHER'S NAME	ION (Give kind of work d rking life, even if retired) ork	H <sub>C</sub>	ousework	AK INDUS	Maj	Tand		инту)	liz Cili	US.		COUNTRY
physician move car hours off		15.	Thomas WAS DECEASEDEV	ER IN U. S. ARMED FORCE		IAL SECURITY NO	D. 17. IN		rena Ar		kes	ess			
ending p lease rei thin 72 I	3	1140	Unk.	(If yes, give wor or dates of sel		or (a), (b), and (c)		ospital	record	s			INTE	RVAL BET	IWEEN
The off Then please event wi			PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO		nary occ							ONS!	mini	DEATH LICES
signed by it permit.			Canditions, if a gove rise to cause (a), sloting lying cause last,	the under DUE TO	Нуре	ertensivo	art	erioscle	erotic	cardi	ovascula dis	r <del>leaso-</del>	5-	-6 yı	rs.
physicio hos been riol-trans mavol, or	>	CATION		THER SIGNIFICANT COND I		RESUTING TO DE		NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART		WAS A PERFOR	RMED?
ottending rhificole is the bu		AL CERTIFI	OK CONTRIBUTING	MEDICAL EXAMINER)		E HOW INJURY C									
ital or c r this cer or use c cremotic		MEDICAL	Heur a. j., p. m.	RY Manth, Day, Year	While of work	The same of the sa	Toci	CE OF INJURY ( lary, street, affici	bldg., etc.)				aunty)		(Stote)
ed by the hosp IRECTOR: After be detached frior to buriol, in	1		The state of the s	hat I attended the ne 12	deceased 1 , 19 56	fromAr	death	occurred at	378: 30P	M, from ORESS (Sire	the causes a set, city or town, ate Hosp	nd an th	ast sav	state DA	deceased d abave TE SIGNEE 2/56
ER rejoin 3 shorts gistrar p			Sevenie (1) bol	L. V. Maldve		) e			Lisbury						
TO FUN Poge 3			BURIAL, CREMATIC HEMOVAL (Specify FUNERAL DIRECTOR	300	76 20	c. NAME OF CEM	ETERY OR	CREMATORY		X.E	ON (City, 16wn, a		Fi	1 IStold	
/S A15 (4) ISM 9/55		53.	STEENE DIRECTOR	1. 1.	it to	ADDRESS	PM	*	DATE 6	- 1-	AR 245 REGIS	TRAR'S SIG	NATURE 2 200	nge	l-

BUKELL V. S.

MALE COURED WIDOWED DIVORCED NO. 10st birthday) Months Da USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or foreign country) 12. CITIZE during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) // COCALALLA JUILLALLA JUILLA JUIL	
1. PLACE OF DEATM O COUNTY  MARYLAND  1. PLACE OF DEATM O COUNTY  MARYLAND	66681
OCOUNTY WORE  IN ICONNICO  MARYLAND  OCOUNTY WORE  OCOUNTY  OCOUNTY WORE  OCOUNTY  OCOUNTY	
S. CITY OR TOWN (If outside corporate limits, write RURAL and give STOWN (If outside corporate limits, write RURAL and give RURAL and give STOWN (If outside corporate limits, write RURAL and give stown (If outside corporate limits, write RURAL and give stown (If outside corporate limits, write RURAL and give stown (If outside corporate limits, write RURAL and give stown (If outside corporate And STOWN (If	ester odmission)
d NAME OF HOSPITAL (If nd) in hospitol, give street address), OR, INSTITUTION POR INSTITUTION  OR, INSTITUTION POR INSTITUTION POR INSTITUTION  OR, INSTITUTION POR INSTITUTION POR INSTITUTION  OR, INSTITUTION POR INSTITUTION  OR, INSTITUTION POR INSTITUTION POR INSTITUTION  OR, INSTITUTION POR INSTITUTION  OR,	nearest town)
STEVENSON   STEV	
3. NAME OF DECEASED PURION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for Ica	e is residence ON A FARM? YES NO N
(Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years lost birthday)  Months Da  WIDOWED DIVORCED NEVER MARRIED 11. BIRTHPLACE (Stole or foreign country)  100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  PART 1 DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)  18. CAUSE OF DEATH [Enter only one couse per line for (a) 45] and (b)	Doy Year
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years lost birthday)  Months Date of Birth  100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)  110. KIND OF BUSINESS OR INDUSTRY  111. BIRTHPLACE (Stole or foreign country)  112. CITIZE  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  116. SOCIAL SECURITY NO. 17. INFORMANT  117. INFORMANT  118. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (b) MARCHARD AND AND AND AND AND AND AND AND AND AN	1956.
MALE COBRED. WIDOWED DIVORCED IN NE 7-1956.  100 USJAL OCCUPATION (Give kind of work done of the property of t	EAR IF UNDER 24 HRS
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) // Cauda, filatinal	ys Hours Min
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) // Cauda, filatinal	N OF WHAT COUNTRY?
The National Price.  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	U.S.A.
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	
18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) // Color Cause) fulfations  [March 1] March 1 DEATH WAS CAUSED BY:  [MARCH 2] MARCH 2] MA	N,
18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (or)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) // CCC Cauca, fulfaturaf	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A LOCALIZA, bulatural	
MMEDIATE CAUSE (6) 16 CECET CONTACT OF THE CONTACT	INTERVAL BETWEEN DNSET AND DEATH
DUE TO SIGNIFICATION OF THE PROPERTY OF THE PR	
Conditions, if ony, which by Allean Will by gove rise to immediate (b)	
costs (o), storing the under-	
0 6 2 5	NAC AUTOREY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE CONDITIONS CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN TO T	PERFORMED?
200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury of Port I or Port II of item 18 DECLINE -	LI IES LI NO ES
OR CONTRIBUTING D CAUSE OF DEATH OF CONTRIBUTING D CAUSE OF DEATH OF CONTRIBUTING D CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form,   20f. (City or town)	nty) (Stole)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED  While Not while of work of work of work of work	,
21 looks that the desired of the grant of the second of th	t annu tha dananad
alive on 7 1956, and that death accurred at 12 M, from the causes and an the	
ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL MARION SCHURCHE MAR 926 11 Auraion St	11 Auc 56
PHYSICIAN'S	
MAME Trues	
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
E & E Comment of 1/1/26 or more that we would be mile & a least rainy	1744.
VS AIS (4)  23 EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADD	TUBE 111-
15M 9/18 1 Temporia Deneral Hospital Datestury 1110, DATE (5/1756 Mary W.	MAPUINO

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90% 31 NUL

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 5692 CERTIFICATE OF DEATH

* *	6682
Reg. Dist. No.	337

1. PLACE OF DEATH			2. USUAL RESI	DENCE (HOME) OF DECE	ASED
county Wicomico	MARYL	AND	STATMERY	and count and	onsot
CITY (If outside corporate limits, write RURAL	LENGTH O		CITY (if outside	end COUNTSOTT	
OR and give nearest town)	(In this p	olace)	OR	, , , , , , , , , , , , , , , , , , , ,	
TownSalisbury	2 mont	ths	Prin	cess Anne	
HOSPITAL OR INSTITUTION OR			STREET	(If rurel give jos	tation)
STREET ADDRESS				ckford Ave	4
3. NAME OF (First)	(Middle)	-	(Lest)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Rachel	Done	0+		of DEAPHING	9 19 56
	LE, MARRIED,	Stew	E RIPTH		9 19 56 UNDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDE	OWED, DIVORCED.			_	onths Deys Hours Min.
femals white (Spa	Fingle	April		86 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINES OR INDUSTRY	S	11. BIRTHPLACE (Stefe or	foreign country)	12. CITIZEN OF WHAT
retiredHousewife	Housework		Princess A	nne Wd	U.S.A.
13. FATHER'S NAME	21000001011	Jin I	14. MOTHER'S MAI	DEN NAME	O Do No
Des Wid 17 dam Ohamanh				_	
Dr.William Stewart			Henriett		
15. WAS DECEASED EVER IN U. 5. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of servi		URITY NO.	17. INFORMANT	& ADDRESS	
No	1007		Mrs. Mo	ry D. Fitzger	മിർ
	/18) ME	DICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH	n 191 1	1 10	Calor 1	ONSET AND DEATH
· IMMEDIATE CAUSE (A)	(a)	ucu	ina	Court	
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (8)					
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATIO	N			20. AUTOPSY?
					YES NO
216. ACCIDENT WAS UNDERLYING 216. PL OR CONTRIBUTING CAUSE OF DEATH OF INJU	ACE (Home, farm, fector RY street, office bldg., etc	3	2 le. WHERE DID INJURY O	CCUR? (City or town)	(County) (Siels)
21d, TIME OF INJURY (Month) (Day) (Yeer) (He			21f. HOW DID INJURY O	CCURT	
		work		,	
		-2/18	40	E 9 .5%	
22. I hereby certify that I attended t			. //		
alive on 19 1/1	, and that death	occurred 61		he causes and on the date	
SIGNATURE	. //		O 7 A	DDRESS (Street, city, town, sta	DATE SIGNED
Well tu	also	M.D.	Haleat	Keen land	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, lown, or	county) (State)
Burial June I	I.1956 St.	Andres	wa Cometa-	Postmana A	nna Manuland
24. REC'D BY REGISTRAR L REGISTRAR'S S	IGNATURE /	Wildi.	ws Cometer	P'S SIGNATURE	nne Maryland
1-22-5-1 M	11.41.00	10-11	2	2011 0	- 100000000
DATE W 20 14 VICAM	W. Mock	Procu	Necm 17	Welson Fr	mer Changy

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VS. A15ME(5) 5M 9/55

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#### 116683 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6693

			332
ėġ.	Dist.	No.	UUR

1,	PLACE OF DEATH o. COUNTY	4		ased lived. If institution, Residence	before admission)
	Viconico.	MARYLAND	o. STATE Many Land	b. COUNTY	ni 00
	b. CITY OR TOWN III outside corporate limits, write RURAL and give moorest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN III outside co	orporate limits, write RURAL and gi	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	j year s	d. STREET ADDRESS		e. IS RESIDENCE
					ON A FARM?
	Peninsula General Hospita		Patrick Ave.		YES NOT
	NAME OF FIRM	Middle	Losi 4. DATE		Day, Year
-	(Type or print) Robert	James	Taylor. DEATH	June	7 19 56
5.	5EX 6. COLOR OR RACE 7. MARRIET	NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In years IF UNDER 1Y)	
	male negro widowed	DIVORCED [	1923	33 yrs. Months Do	ys Haurs Min.
	b. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign		OF WHAT COUNTRY?
13	FATHER'S NAME TOUR	Kor	14. MOTHER'S MAIDEN NAMES		
15		OCIAL SECURITY NO. 17. IN	FORMANT	Address	
110	a, no, or unknown) 1 [1f res] greater or dates of service)	8-12-144XHO	spital Record,	P.G.H. Salisbur	ry Md.
	18. CAUSE OF DEATH   Enter only one cause per line for	or (a), (b), and (c).]			INTERVAL BETWEEN
	IMMEDIATE CAUSE (0)	emorrhage into	Pericardial and	Pleural Crities	minutes
	DUE TO	71 1 7 7			
		Stab wound of	Pulmonary Artery		minutes
	gave rise to immediate couse (a), stating the underlying DUE TO				
	cause last. (c)				
Z	PART II, OTHER SIGNIFICANT CONDITIONS CON	HTR BUTING TO DEATH BUT N	OT RELATED TO THE TERM NAUDISEA	SE CONDITION GIVEN IN PART I	a) 19. WAS AUTOPSY PERFORMED?
13					YES IN NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (E	iter nature of injury in Part I or Part	11 of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. IN	IJURY OCCURRED 200. PLAC	E OF INJURY (Hame, farm, 20f. (Ci	ity or tawn) (County	) (State)
MEDICAL	Hour a, m, p, m, 19 at work	Not while facto	ry, street, affice bldg., etc.)		, (0.0.0)
	21. I certify that I taok charge of the re	emains described above	re, held an Autapsy 🔄,	Inspection 🛅 , Inquiry	, and find that
	death resulted fram: Natural causes	, Accident [], Suic	ide 🔲, Hamicide 🔼, l	Indetermined cause .	
		000 /			
	SIGNATURE Kendruh WC	dullough	M.D. CHIEF MEDICAL EXAMINER	_	31.0
	EXAMINER'S Kendrick Mc . Cullor	igh, M.D, ac	ASSISTANT MEDICAL EXAMINER	- tend	June 1,1956
220	BURIAL CREMATION, 276. DATE THEREOF	22c, NAME OF CEMETERY OR	CREMATORY 22d. LOS	AHON (City, town, or county)	/(State)
1	ETANUEL 6-65-56	Prior	Cem 1	Jelman y	16
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGI	STRAR 24b. REGISTRAR'S SIGNA	TURE
	Dez-ten/RIAt	al.	DATE 6-9-5	6 7:201/11 A	followay
12			10000	F Warry work	7 007 7 007

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

LIVA A Z.

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ARYLAND STATE DI	PARTMENT OF	HEALTH-BALTIMORE, 1
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6694 CERTIFICATE OF DEATH

416680 eg. Dist. No. 322

000					Reg. Dist. No	a. 0 0 0 1
PLACE OF DEATH o. COUNTY Wicomico		MARYLAND	2. USUAL RESIDENCE (Who o. STATE laryla	ere deceased lived if in h. COI	stitution: Residence bel UNTY Wicomic	ore admission)
b CITY OR TOWN (If autside corporot RURAL and give nearest town) Salisbury		IGTH OF STAY IN 1b	c. CITY OR TOWN (IF of		rite RURAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION 518 E. ]	ital, give street address) sabella St		d. STREET ADDRESS 518 E	. Isabella	St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	, BURKE	THURSTON	4 DATE OF DEATH	Month JUIL 1	200y Yeor 4 19 56
5. SEX 6. COLOR OR R Female White	WIDOWED KOK	DIVORCED	B. DATE OF BIRTH April 24, 18			R IF UNDER 24 HRS Hours Min.
	work done 10b. KIND O etired) ed. House Kee		Arkansas	or fareign country)		OF WHAT COUNTRY?
Chastine F. Colem	lan		Julia Jord			
15. WAS DECEASED EVER IN U. S. ARMET (Yos. no. or unknown)		SECURITY NO. 17	informanter C. T. Sal	hurston Jr. isbury, Mar	(Son) 518 ]	E. Ischella
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.	BY: SE (a) Gent UE TO (b) UE TO (c) Gent	erolinge	anderic Andrews	O SILUOS	us u	TERVAL BETWEEN USET AND DEATH WWW.WWW.
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DE	20b. DESCRIBE HO	OW INJURY OCCURRE	ED. (Enter nature of injury in P	art t or Part II of item 18	3.)	PERFORMED? YES NO KOK
20c. TIME OF INJURY Month, Day. Have a. jr. p. m.			ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.)	20f. (City or town)	(County	{Stote}
21. I certify that I attended alive on	the deceased from 1950.  We cold J. Gilmore		n accurred at 5:30P	_M, from the caus ADDRESS (Street, city or t		DATE SIGNED
PHYSICIAN'S Dr. Wilber  20. BURIAL, CREMATION, 226 DATE TH	Ellis M.I	AME OF CEMETERY O	Salisbury,			
REMOVAL (Specify) June 1	7,1956 01	nurchland		22d. LOCATION (City, to Jear Portsmo	uth, Virgi	
B. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY		DORESS DE-SALISBUT	240. REC'D	BY REGISTRAR 245	REGISTRAR'S SIGNATE	RE . 01 a

VS A15 (4)

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06686 ist. No. 332

	neg. or	31. 140. OU
1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY	ice before admission)
Wicemice Maryland		reline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest lown)
Salisbury 3 wks.	Federalaburg	`
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Riverside Nursing Home 409 Camden	Court W. Central Ave.	YES NO
3. NAME OF DECEASED (Type or print) J. Frank Todd	Last 4. DATE Month OF DEATH June 18,19	Doy Yeor 56 19
	8. DATE OF RIRTH 9 AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS
male white widowed   DIVORCED	May 26, 1861 (dast of the oy) Months	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		TIZEN OF WHAT COUNTRY
Retired farmer & merchant	Careline Co. Md.	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	· · · · · · · · · · · · · · · · · · ·
Jehu Tedd	Henryetta Sutherland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	NFORMANT Address	
ne nene Mr	s. Leuisc F. Tedd Federals	burg, Md.
18. CAUSE OF DEATH [Enter only one cause per tine for (g), (b), and (c).]	/) «	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ENERGY.	ONSET AND BEATH
ay ( ) J, ( ) DUE TO		
Conditions, if any, which ) (b)		
gave rise to immediate couse (a), stating the under DUE TO		
lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH IF EITHER NOT FY MEDICAL EXAMINER	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOT.FY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Hame, farm, 20f. (City or lown)	County) (State)
Hour o. p. p. m. 19 Of work at work	ctary, street, affice bldg , etc.)	
21. I certify that I attended the deceased from 6/14		last saw the deceased
	occurred at 30 A/M, from the causes and on the	
De la	ADDRESS (Street, city or town, stote)	DATE SIGNE
ACTUAL SIGNATURE SIGNATURE	4.0. Kalalaly, and	£
PHYSICIAN'S Prod P Commence N. D	C-74-h 362 / '	6-2156
NAME (Type) Fred R. (Gramse, M.D.  220. BURIAL CREMATION, 225. DATE THEREOF   122c. NAME OF CEMETERY OF	Salisbury, Md.	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF EMOVAL ISACCION June 21, 1956 Hillcrest	Com Dedougleboom	(Stote)
23. FUNENAL DIRECTOR'S AGNATURE . ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIG	
Howar allered rederalaburg	/ 5. //	Helloward

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		6696	WED	ICAL	EXAMIN	ER'S	CERTIFICA	E OF	DEA		g, Dist. No.	332
ī.	PLACE OF DEATH						2 USUAL RESIDENCE (V	Vhere deceas	ed lived. I	Finstitution:	Residence befo	re admission
	a. COUNTY	Wicomi	LCO		MARY	LAND		arylan		YINUO		
-	. CITY OR TOWN IN	outude corporaté lu	mets, write B19	PAI C	LENGTH OF STAY		CITY OF TOWN III	autida assu	navata limit	PI ID	Wicomi	
	and give negrest fewn	1				4 10	c. CITY OR TOWN (II	_	2010:9 HMH	i, while kolo	r dua Bive ue	dien Idwil
		alisbury			4 days		Willar	ds				
	NAME OF HOSPIT				I, give street address	1)	d. STREET ADDRESS	RI	ar.			on A FA
-	eninsula (	Jeneral	Hospi	tal			<u> </u>	N.	: D			YES N
3.	NAME OF DECEASED		First		Middle		Lost	4. DATE		Month	Day	Year
	(Type or print)		Rufus	3		90	Truitt	OF DEATH		6	14	_ 19 5
5. 5	EX	6. COLOR OR	RACE 7.	MARRIED [	NEVER MARRIED	ТВ.	DATE OF BIRTH		9. AGE (In	years [1F U	NDER TYEAR	IF UNDER 2
	M	W	w	IDOWED [7]	DIVORCED I		May 9 192	4	lost birthd	3 79321	oths Days	Hours Mi
100	LISUAL OCCUPATION	ON (Give kind of			,		PV 11 RISTUPLACE (State	as Foreign o	austral.	yes.	CITIZEN OF	WALTCOL
(	uring most of arm	Wereven if re	etired)	Lun	ber Mil	1	Maryla Maryla	nd	oomity;	111		A
13.	FATHER'S NAME	James	R.	Proit	t.		14. MOTHER'S MAIDEN 1	MAME MAT	aned	V	Bradfo	n A
								274. als, al				
15.	WAS DECEASED EV	ER IN U. S. ARM	ED FORCE	S? 16 SOC	14. SECURITY NO.	17. IN	PORMANT	Mana a d	44	Address	lards	300
Ċ	7.			. 210	7-10-213	₹	James R.	Trui		WII	rarda	, Md.
	18. CAUSE OF DEA	TH [Enter anly o	one couse p	per line for (	(a), (b), and (c), ]				· · ·		INTERV	AL BETWEEN
		H WAS CAUSES									ONSET	AND DEATH
		IMMEDIATE CAI	USE (o)	Frac	Ture of c	erv	ical spine					4 days
		D	UE TO									
	Conditions, if a		(b)									
	gave rise to immed (a), stating the		UE TO									
	cause last.	)	(c)									
Z	PART II. OTH	IER SIGNIFICAN	T CONDIT	ONS CONTI	RIBUTING TO DEATH	1 BUT N	OT RELATED TO THE TERM	NAL DISEASI	E CONDITIO	ON GIVEN IN	N PART 1(a) 19	WAS AUTO
CERTIFICATION												PERFORMEI
FIC	20g EXTERMAL CAL	ISF WAS	205 0	PECULIE HO	W INTERVACCIO	DED 10.	nler nature of injury in Par	L as Cort II	of Item 10		- ''	I4C
ERTI	20g. EXTERNAL CAL PRIMARY ET OF CON CAUSE OF DEATH.	NTRIBUTING [	100. 6	PACKING 11C	JIV MAJORI OCCOR	MED. (LI	mer norosa or rulora in Lar	I I OT PONI II	or Hem IB.			
				ceased	was driv	ring.	car that st	ruck a	_culv	ert R		374
MEDICAL	20c TIME OF INJUI	RY Month, D	ау, Үөөг	While	Not white	le. PLAC facta	E OF INJURY (Home, form	i, i 20f. (City	or town)		(County)	(SI
MEE	p. m.	6-10	19 56		al work		ghway	neabe	rlin	Wio	comico	Md.
	21. I certify th	of I took ch	narge of	the rem	oins described		ve, held an Autaps				quiry X.	
	death resulted									ned cause		and min
	dedin resolved		<b>A</b>	,	Accident IXI,	JUIC	ide [], fignificide	L. 01	idelel iiii	ilea caose	- L	
	ACTUAL	150	VL	12	~ 0			_				DATE SIGNI
	SIGNATURE		1		· ) /	-	_M.D. CHIEF MEDICAL E)	AMINER [				
	2VAAAINEDIC						ASSISTANT MEDIC	AL EXAMINE	R 🗌			
	EXAMINER'S NAME (Type)	Earl L.	_Rove	er. N.	Da		DEPUTY MEDICAL	EXAMINER [	*	6	-15-56	
220	BURIAL, CREMATIO	N. 226. DATE 1	100		NAME OF CEMETE	RY OR (	CREMATORY	226. LOCA	TION (City.	fown, or cou		(State)
	Burial	F 120	-1		New Ho				lard		Md.	(0.0.0)
	- wriai	1 6/15	1 1 5 6									
22	STINES A MORCEON	S SIGNATURE	1779		AGORESO //			}			*	
23.	FUNERAL DIRECTOR	S SUCH TURE	179	. /	ASTORES9/		A Pa. REC'	D BY REGIST			'S SIGNATURE	06

TO DEPUTY MEDICAL EXAMINER: This certificale should be executed within 24 hours ofter death. If only delay, is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funero core. Fage 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fination of TO FUNE DORRECTOR: Page 3 should be used as a burlot-transit permit. File pages 1 and 2 with the registrar prior jerberiol, cremation, or removal.

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06687

-26-17 3.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06688

# CERTIFICATE OF DEATH

6712			Reg. Dis	st. No. 332
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEAS	ED
CITY (If outside corporate lymits, write RURAL LET	MARYLAND NGTH OF STAY	STATE Mary] CITY (If outside corpo	and county Wic	Comico
	(in this place) Lifetime	rown Nant	icoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location	
3. NAME OF (First) (Middle DECEASED		(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) Lucy Jaj	ue l	Walter	DEATH June	16 19 56
S. SEX  6. COLOR OR  RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCEE	B. DATE OF		Months	ER 1 YEAR IF UNDER 24 HRS Days Hours   Min.
F W Sing	le Aug.	3,1876   11. B.RTHPLACE (State or fore)	79 Yul 10	13 Hours Min.
done during most of working life, evan If OR INDUS	STRY			COUNTRY?
ome "Demonstration Agent (Exteris) And Serv		Nanticoke.	Waryland	U.S.
Levin Thomas Walter	106 /	Emily S.	Evans	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL SECURITY NO.	17. INFORMANT & A		
(Yas, no, or unk.) (If Yes, give wer or dates of sarvice)		Levin Wal	ter. Nanticol	ce. Marvland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8. MEDICAL CER			INTERVAL BETWEEN ONSET AND DEATH
· IMMEDIATE CAUSE (A)	Coron	ary (ce)	المالكال	1 kms
DISEASES OR CONDITIONS, IF ANY, (B)  STATING UNDERLYING CAUSE LAST. DUE TO	esclis	obe Herry	Discuse	Sycas
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	***************************************			
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OP	PERATION			20, AUTOPSY? YES NO
216 ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office by (IF EITHER, NOTIFY MEDICAL EXAMINE)	, fectory, 21	Ic. WHERE DID INJURY OCCUP	? (City or town) (Co	unty) (Stete)
M, While at work	Not while	H. HOW DID INJURY OCCU		\$
22. I hereby certify that I attended the deceased t	rom.	, 19 to	, 19	I last saw the deceased
alive on 1929 and that		ADDI	auses and on the date states.  RESS (Street, city, town, state)	DATE SIGNED
23% BUR AL, CREMATION, REMOVAL (SPECIFY)  ATTEMPT THEREOF	M.D.	CREMATORY CREMATORY	LOCATION (City, fown, or coun	(State)
Burial 6/18/56 31	t. Mary's	Cemetery	Tyaskin, Wis	ryland
DATE 6-22-56 Mary N. 140	Claway	(3. If )M		ve. Maryland

BUREAU V. E.

BECEINED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	6697 CERTIFICATE OF DEATH  Reg. Dist, No.
, TS	PLACE OF DEATH O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O STATE  D. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give nearest town)  d. NAME OF HOSPITAL (if p) in haspital, give street address)  OR INSTITUTION  POR TARKY  YES NO [
	NAME OF DECEASED (Type or print)  SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 18, 818 HPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY OF WORKING Life, even if refired)
15	3. FATHER'S NAME  14. MORHER'S MAIDEN NAME  14. MORHER'S MAIDEN NAME  5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT!  17. INFORMANT!  18. Address  19. Address  10. Address  10. Address
	18. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c)]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (a), stating the under- tring cause (ost.  (b)  DUE TO
> NOTABLE	TES NO
MEDICAL CERT	COUNTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stoler
	21. I certify that I attended the deceased from 9-1, 1951c, to 5-2-1, 1951c that I last saw the deceased alive an 1951c, and that death occurred at 8120 M, from the causes and an the date stated about the state
L	PHYSICIAN'S NAME (Type)  20. BURIAL CREMATION, 226. DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)  BEMOVAL (Specify) June 23fil American Common 22d. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS 22d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE  MANY Y Hellowy
	Mile Mary W Hollowy

Set es nor

VS. A15ME[5] SM 9/55 M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6698 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 (10000) Reg. Dist. No. 332

o. COUNTY Wicomico	MARYLAND	o. STATE Harvland	b. COUNTY Wicor	
1 CONTRACTOR OF THE CONTRACTOR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporation) Salisbury		
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospit Sandy Hill Beach	ol, give street address)	d. STREET ADDRESS  R F D # 1		e. IS RESIDENCE ON A FARM? YES TO NO TO
3. NAME OF First DECEASED (Type or print) Ilorman	Middle	tost 4. DATE OF DEATH	Month I	Poy Year 17 19 56
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [		DATE OF BIRTH	9. AGE (In years   IF UNDER TYE   fost birthday)   Months   Day	EAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working the, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SC (16. sp. for unknown) [If yes, give was or dates of services]		11. BIRDAPLACE (State or foreign co	on Ushaley	N OF WHAT COUNTRY?
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dròwn    Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.		THE WALL	7 Massier	Byteswal Between ONSET AND DEATH Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CON-				19. WAS AUTOPSY PERFORMED? YES NO A
CAUSE OF DEATH. Found  20c. TIME OF INJURY Month, Day, Year 20d. INJ  Noy. a.m., White	floundering in URY OCCURRED 20e. PLAC Not while C Foctor of work M Bes		at Sandy Hill B or town) (County) Lisbury Wicomi	) (Store)
death resulted fram: Natural causes [],		de, Homicide, Unc	determined cause	X, and find that
EXAMINER'S NAME (Type) Earl L. Royer, M.D.  220. BURIAL CREMATION, (22b. DATE THEREOF REMOVAL (Specify))	C. NAME OF CEMETERY OR C	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER  REMATORY  22d LOCATIO	_	(Slote)
23. FUNERAL DIRECTOR'S SIGNATURE Watson + Arrest	ADDRESS Transled	240. REC'D BY REGISTRA  DATE 10 - 2/0 S	AR ZAL. REGISTRAR'S SIGNA	Nelallace THELONAL

a A avalue

THE SE NUL

JACEDE LE

		MARYLA	ND STATE DEP	ARTM	ENT OF HEAL	TH-BAL	rimore, 1	8 ()	6691
		661	99 CERI	rific <i>a</i>	ATE OF DEA	TH		Reg. Dist. N	o. 332.
0	COUNTY	Micamica		RYLAND	2. USUAL RESIDENCE ( o. STATE	Where deceased	Lived, If institution b. COUNTY	ni Residence be	fare admission)
ь	CITY OR TOWN (F RURAL and give no	outside carporote limits, sarest town)	write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOVE	dela	rate limits, write RU	IRAL and give r	legrest town)
C	OR INSTITUTION	AL (If not in hospital, give	1 11. 1.2	1	d. STREET ADDRESS				ON A FARM?
	NAME OF DECEASED Type or print)	MARIO	ELLE ELLE		WAller*	4 DATE OF DEATH	QUNE	h (	Day Year 19.5
5. S	Fomolo.	4 1 1	MARRIED NEVER MAR	RRIED	B. DATE OF BIRTH	1885		Months Days	AR IF UNDER 24 HR
10a	USUAL OCCUPATION	ON (Give kind of work don ling life, even if retired)	e 106. KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE (SI	ate or foreign co		12. CITIZEN	OF WHAT COUNT
32 (	HOUSE!	NORK	HOME		WICOMIC 14. MOTHER'S MAIDE	-	MD.	4	1.5.A.
13. 1	HEN	IRY HUTT			HENNIE	_	NAME	UNKN	(a war)
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES	S7 16. SOCIAL SECURITY N	10. 17 H	NFORMANT	(11102	Addre		
§105.	na, or ynknown)	(If yes, gave wor or dates of service	" UNKNOWN	M	RS. CATHER	RINE 7	HOMAS -	MARI	DELA MI
z	Conditions, if a gove rise to in cause (a), staling lying couse lost.	the <u>under-</u> DUE TO (c)	Hype	ten	rion				
FICATION			TIONS CONTRIBUTING TO D					N IN PART I(o)	PERFORMED?
		CAUSE OF DEATH	b. DESCRIBE HOW INJURY						
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Year	20d. INJURY OCCURRED While Not while at work at work	20e. PLA	ACE OF INJURY IHame, fi clory, street, affice bldg.,	orm, 20f. (City etc.)	or lown)	(Count	y) (Stat
	21. I certify the alive an	at lattended the di ene 29			1, 19.5 k., to occurred at 2:50	LM, fram	9 19.56 the causes areet, city or town, s	nd an the d	saw the decea ate stated abo DATE SIGN
	BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF C	METERY OF	R CREMATORY  CEMETER	22d LOCAT	ION (City, tawn, or	county)	(State) ELAWAR
	FUNERAL DIRECTOR		, Federales			ec'd by registi		TRAR'S SIGNAT	

BUREAU P

1. PLACE OF DEATH

e. COUNTY

13

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Wicomico MARYLAND farul and Dorcester b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Finchville d. STREET ADDRESS 4. DATE Middle Charles DEATH Williams Jr. Henry 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR (out birthday) Months WIDOWED [7] DIVORCED [ August 22. **1949** None Dorchester Co. Md. U.S.A. 14. MOTHER'S MAIDEN NAME Mary Lee Tilghman

and give nearest town) Sharptown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Sharptown drawbridge YES NO IN NAME OF Year DECEASED (Type or print) 56 5. SEX IF UNDER 24 HRS. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? None 13. FATHER'S NAME Charles H. Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Charles H. Williams. Federalsburg. None INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Drowning Sudden IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO FX 200 EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18 ) that ran off onen drawbridge through barricade. Passenger in car 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20- TIME OF INJURY 20f. (City or fown) factory, street, office bldg., etc.) While Not while of work at work Drawbridge Sharptown Wicomico 21. I certify that I tack charge of the remains described above, held on Autopsy , Inspection X, Inquiry X, and find that death resulted from: Natural causes . Accident [ ], Suicide [ ], Homicide . Undetermined cause ! DATE SIGNED ACTUAL SIGNATUR ASSISTANT MEDICAL EXAMINER NAME (Type) L. Rover, M.D. DEPUTY MEDICAL EXAMINER T 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Federal Hill Cemetery June 21.1956 Federalsburg, Maryland Durial 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR J.J. Framptom and S on, Federalsburg, Paryland

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6791 CERTIFICATE OF DEATH

Reg. Dist. No. 95295

1. PLACE OF DEATH a. COUNTY	Wicomico		MARYLAND	G STATE	Marylar	a h	If institution	on: Residenc	wicomico
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town) Saliabury	its, write c. LEN	IGTH OF STAY IN 16	c. CITY OR	Salisbi		its, write R	URAL ond g	ive nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, p			d. STREET A	DDRESS	coklyn	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	TRLES RUSS	K SELL	Middle	YOH	TEN PER	DATE OF DEATH	JU.		15 th 19 56
s. sex Male	6. COLOR OR RACE White	WIDOWED [	NEVER MARRIED [	March 3	30, 1900	56	(In years birthday) yrs.		YEAR IF UNDER 24 HRS. Days Hours Min.
Musicia	ON (Give kind of work king life, even if relired n (Piano-Org	7	WabaUaU	* 5547 m	ACE (Stote or fo			12. CITI	ZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
George 7	Tohe			Etha	Parsons				
IS. WAS DECEASED EVE (Yes, no. or unknown) UNK	R IN U. S. ARMED FOR (If yes, give war or dotes of s			informant	lia Yohe	(Wife)	Addi 113 F		yn Ave.
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	6hors	o), (b), and (c).)	al on	fancel	in-			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a		(en	nary (	arlen	Dry	clark	2		5 4/2
	gave rise to immediate couse (a), stoting the under- lying cause lost.  DUE TO Complemented - Heart								
CAT	IER SIGNIFICANT CON	DITIONS CONTRIE	BUTING TO DEATH BI	UT NOT RELATED TO	THE TERMINAL	DISEASE COND	ITION GIV	EN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
G (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature o	f injury in Port I	or Port II of it	em 18.)		
Y 20c. TIME OF INJUR	Y Month, Day, Ye		ot white_	PLACE OF INJURY ( factory, street, office		f. (City or tow	n)	(C	ounty) (State)
21. I certify the alive on	at attended the	deceased from	and that dea	, 1930 th occurred at M.D. 334	ADDI	tESS (Street, cit	causes a	and on the	ast saw the deceased te date stated above DATE SIGNET June 1956
PHYSICIAN'S DE			м.р. /	Sali	sbury, l	Marylan	d		
220. BURIAL, CREMATIO REMOVAL (Specify)	June 18		NAME OF CEMETERY		22d.	Salisby			(Stole) and
23. FUNERAL DIRECTOR' HOLLOWAY &		A	DORESS		240. REC'D BY			TRAR'S SIG	

9951 GT NOT